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STORE TARY OF STATE FALLAHASSEE, FLORIDA

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### COVER LETTER

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATIO	Alliance of Women C	Coaches, Inc.		
	N03000005476			
DOCUMENT NUMBER: _		<del></del>		
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Christina Unkel				
	. (	Name of Contact Pe	rson)	
Maglio Christopher & Toale	e, PA			
		(Firm/ Company	)	
1605 Main Street, Suite 710				
		(Address)		
Sarasota, FL 34238				
	(	City/ State and Zip (	lode)	
admin@wecoachsports.org				
E	-mail address: (to be used	for future annual rep-	ort notification	n)
For further information conc	erning this matter, please o	eall:		
Christina Unkel		at	941	952-5242
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida D	Department of !	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & [ Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	address	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

#### Articles of Amendment to Articles of Incorporation of

Alliance of Women Coaches, Inc.				
(Name of Corporation	as currently filed wit	h the Florida Dept. of	State)	
N03000005476				
(Docur	nent Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Flori</i>	da Not For Profit Corj	mration adopts the follow	ving
A. If amending name, enter the new name of the	corporation:			
WeCOACH, Inc.			The	new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		corporated" or the abb		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>				
C. Enter new mailing address, if applicable:				—
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>			
D. If amending the registered agent and/or reginew registered agent and/or the new register		n Florida, enter the n:	ime of the	
Name of New Registered Agent:		: Toale, PA c/o Christin	na Unkel	
	1605 Main Street, Sui	te 710		
<u>New Registered Office Address:</u>		(Florida street add	lress)	
M. B. M. & SHETCH OFFICE MILITERS.	Sarasota		34238	
	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen -	Registered Agent: u. I am familiar with a	ind accept the obligation	ons of the position.	
	Page 1 of 4			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

'(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	$\overline{\underline{V}}$ $\overline{\underline{M}}$	hn Doe ike Jones dly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	D	Marissa Hoover	646 15th Ave NE
Add			St Petersburg, FL 33704
X Remove			
2) Change	D	Amanda Misselhorn	646 15th Ave NE
X Add			St Petersburg, FL 33704
Remove 3 ) X Change		Dr. Cecile Reynaud	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
4) X Change		Nicole LaVoi	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
5) X Change	•	Julie Roe Lach	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			<del></del>
6) X Change		Robin Sparks	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			***************************************

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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Example:  XChange X Remove X Add	<u>V</u> <u>N</u>	ohn Doe <u>fike Jones</u> ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change		Charmelle Green	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
2) X Change		Tim Hall	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
3 ) Change		Amanda Janney	646 15th Ave NE
Add			St Petersburg, FL 33704
X Remove			
4) X Change		Lori Kerans	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
5) X Change		Julie Hermann	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
6) X Change		Elizabeth King	646 15th Ave NE
Add			St Petersburg, F1, 33704
Remove			

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change		Dianne M. Murphy	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			<del></del>
2) X Change		Debbie Corum	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
3) X Change		Kari Escobedo	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
4) X Change		Laura Myers	646 15th Ave NE
Add			St Petersburg, FL 33704
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

lf amending or addin attach additional shee	ts, if necessary).	(Be specific)			
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The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not liment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
☐ There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
have not been s		_
	(Typed or printed name of person signing)	
Execut		
	(Title of person signing)	