

N03677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

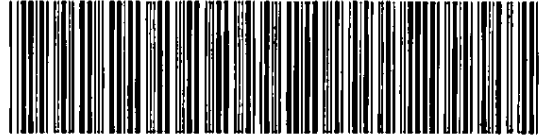
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend/cus

NOV 02 2019
1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pinecrest Little League, Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Casteel
(Name of Contact Person)

Pinecrest Little League
(Firm/ Company)

PO Box 733
(Address)

Lithia, FL 33547
(City/ State and Zip Code)

pinecrestlittleleaguefl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Casteel at 317 679-2548
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2019

BILL CLINTON
9312 SR 39 SOUTH
PLANT CITY, FL 33567

SUBJECT: PINECREST LITTLE LEAGUE, INC.
Ref. Number: N03677

P.O. BOX 733
Lithia, FL
33541

We have received your document for PINECREST LITTLE LEAGUE, INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Partnership, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00019127

2019 OCT 21 PM 10:24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2019

BILL CLINTON 2nd mailing
P.O. BOX 733
LITHIA, FL 33547

SUBJECT: PINECREST LITTLE LEAGUE, INC.
Ref. Number: N03677

We have received your document for PINECREST LITTLE LEAGUE, INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Partnership, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00019127

Articles of Amendment
to
Articles of Incorporation
of

Pinecrest Little League, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

NO3677

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Suzanne Casteel

9312 South County Rd 39
(Florida street address)

New Registered Office Address:
Lithia, Florida 33547
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Suzanne Casteel
Signature of New Registered Agent, if changing

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| Type of Action (Check One) | Title | Name | Address |
|--|------------------|------------------------|--|
| 1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>President</u> | <u>William Clinton</u> | <u>9312 South CR 39 Lithia, FL 33547</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | _____ | <u>Jody Shiver</u> | <u>9312 South CR 39 Lithia, FL 33547</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | _____ | <u>Nancy Bregg</u> | <u>9312 South CR 39 Lithia, FL 33547</u> |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | _____ | <u>Amanda Terry</u> | <u>9312 South CR 39 Lithia, FL 33547</u> |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | _____ | <u>Heath Staiger</u> | <u>9312 South CR 39 Lithia, FL 33547</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>Secretary</u> | <u>Ruth Davis</u> | <u>9312 South CR 39 Lithia, FL 33547</u> |

7 Add our Brooks Baxter 9312 South CR 39

The date of each amendment(s) adoption: _____, 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/28/19

Signature *Suzanne Casteel*

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Suzanne Casteel
(Typed or printed name of person signing)

Vice President, Pinelrest Little League
(Title of person signing)