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SECRETARY OF STATE  
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**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Swim for Life INC.

**DOCUMENT NUMBER:** N0500000 3486

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

Please return all correspondence concerning this matter to the following:

Mary K. Batten  
(Name of Contact Person)

Swim For Life INC.  
(Firm/ Company)

PO Box 311045  
(Address)

Tampa FL 33680  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Mary Batten at (813) 431-6742  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

Swim For Life INC

NO5000003486

SECRETARY OF STATE  
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Swim for Life Florida Incorporated

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: July 23rd 2005

Effective date if applicable: July 23rd 2005  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

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

Signed this 23 day of July, 2005.

Signature Mary K Batten  
(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.)

MARY K. Batten  
(Typed or printed name of person signing)

DIRECTOR  
(Title of person signing)

**FILING FEE: \$35**