

N05000011328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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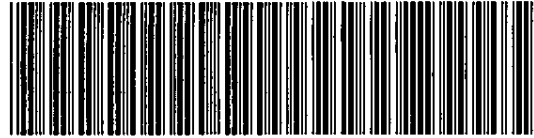
(Business Entity Name)

(Document Number)

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*Amend/AC*

*Agustin delos  
1-1-12*

FILED  
11 DEC 30 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2011

DANIEL C CROSS  
ATHLETE CONNECTIONS  
189 SOUTH ORANGE AVE STE 1850  
ORLANDO, FL 32801

SUBJECT: ATHLETE-CONNECTIONS, INC.  
Ref. Number: N05000011328

We have received your document for ATHLETE CONNECTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If amending the officers/directors, please list all officers/directors and their titles of the corporation as you want the record to be above on page (3) of your document. Please show title for Traci Blue for the officer you are removing.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 911A00028261

RECEIVED

11 DEC 30 AM 8:56

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

COVER LETTER.

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Athlete Connections

DOCUMENT NUMBER: N005000011328

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

Please return all correspondence concerning this matter to the following:

DANIEL C. CROSS

(Name of Contact Person)

Athlete Connections

(Firm/ Company)

189 SOUTH ORANGE AVE. SUITE 1850

(Address)

Orlando Florida 32801

(City/ State and Zip Code)

dancross@athleteconnections.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL C. CROSS

(Name of Contact Person)

at ( 407 ) 227 9055

(Area Code & Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Athlete Connections, Inc.

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

N 05000011328

(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:**

Athlete Connections Foundation Inc

The new name must be distinguishable and contain the word "corpora on" 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)

189 S. ORANGE AVE SUITE 1850  
ORLANDO FL 32801

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

189 S. ORANGE AVE SUITE 1850  
ORLANDO FL 32801

**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:

MICHAEL MOORE

2208 HILLCREST ST.

(Florida street address)

New Registered Office Address:

ORLANDO

(City)

Florida

32801

(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.

Michael L. Moore  
Signature of New Registered Agent, if changing

2/15/12  
1-1-12

FILED  
11 DEC 30 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>D</u>	<u>GINGER KANE</u>	<u>TKO</u> <u>189 S. ORANGE AVE SUITE 800</u> <u>ORLANDO FL 32801</u>
2) <u>✓C</u>	<u>BRAD COMBES</u>	<u>NORTHWESTERN MUTUAL FINANCIAL</u> <u>1000 LEGION PLACE SUITE 1400</u> <u>ORLANDO FLORIDA 32801</u>
3) <u>I</u>	<u>BRANDON SLAUTER</u>	<u>MCGLADREY + PULLEN</u> <u>800 N. MAGNOLIA AVE. SUITE 1700</u> <u>ORLANDO FL 32803</u>
4) <u>D</u>	<u>DAVID POPARAD</u>	<u>MCGLADREY + PULLEN</u> <u>800 N. MAGNOLIA AVE SUITE 1700</u> <u>ORLANDO FL 32803</u>
5) <u>D</u>	<u>STAN STEWART</u>	<u>VIRTUS FINANCIAL PARTNERS</u> <u>1060 MAITLAND CENTER COMMONS, STE 180</u> <u>MAITLAND, FL 32751</u>
6) _____	_____	_____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>Branch Manager</u>	<u>TRINCI BLUE</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

GINGER KANE - Board Chair

BRAD CMGES - Vice Chair

BRANDY SLAUTER - Treasurer

DAVID POPARAO - Board of Directors

The date of each amendment(s) adoption: December 12, 2011

Effective date if applicable: JANUARY 1, 2012  
(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(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 December 6, 2011

Signature [Signature]  
(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)

DANIEL C. CROSS

(Typed or printed name of person signing)

FOUNDER / CEO

(Title of person signing)