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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LADY	HIGHLANDERS	12-0 INC		
DOCUMENT NUMBER: 06-18	23895			
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning the	is matter to the following:			
MARK MO	CBEATH of Contact Person)			
(Firm/ Company)				
993 COUNTRY LAKE CIRCLE (Address)				
LAKE WALES, FL. 33898 (City/State and Zip Code)				
For further information concerning this matter, please call:				
MARK MCBEATH at (863) 632-9966 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount n	nade payable to the Florida De	epartment of State:		
\$35 Filing Fee \$\bigcup \$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 C Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	ne Florida Dept. of State)		
	1 INC # 06-1823895		
(Document Number of Corporation	on (II known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts		
A. If amending name, enter the new name of the corporation			
FUSION FASTPITCH LAK The new name must be distinguishable and contain the word	EWALES, INC.		
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	"corporation" or "incorporated" or the be used in the name.		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	993 COUNTRY LAKE CIRCLE LAKE WALES		
	FL. 33898		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
-	<u> </u>		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add			
	MCBEATH		
New Registered Office Address: 993 COUNTRY LAKE CIRCLE (Florida street address)			
LAKE	WALES , Florida F L , (City) (Zip Code)		
position. Indeed	Registered Agent, if changing		
	7.4. V.		

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
ECTOR.	LAURIE MCBEATH	1993 COUNTRY LAKE CR. LAKE WALES FL 3389	□ Remove
<u>vP</u>	Suzetle Salva	7842 Jean Chastel Lake water, #1, 33898	☐ Add
			Add Remove
			LI Kemove
E. <u>If amendin</u>	g or adding additional Articles, enter c	hange(s) here:	
(attach addi	tional sheets, if necessary). (Be specific	<i>)</i>	•
			······································
	1141 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174 - 1174	 	
<u> </u>			<u> </u>
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The date of each amendment(s) adoption:				
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated 4	21-09			
Signature _(Lauri mspeath			
(By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	Laurie McBeath			
•	(Typed or printed name of person signing)			
	Director.			
	(Title of person signing)			

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