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SEP 15 2017 R. White

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	LAKE COUNTY SO	OCCER CLUB, INC.		
DOCUMENT NUMBER:	N080000000249			
The enclosed Articles of An				
Please return all correspond				
MIKE ANDREWS				
		(Name of Contact Po	erson)	
LAKE COUNTY SOCCER	R CLUB, INC			
		(Firm/ Company	;)	***************************************
27343 SR 19				
· · · · · · · · · · · · · · · · · · ·		(Address)		
TAVARES, FLORIDA 327	778			
		(City/ State and Zip)	Code)	
INFO@LAKECOUNTYSO	CCOM			
T	-mail address: (to be used	for future annual rep	ort notification	
For further information cond	cerning this matter, please	call:		
MIKE ANDREWS		91	352	742-7077 EXT 100
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the t	ollowing amount made pay	yable to the Florida I	Department of S	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy ionat Copy is sed)
N. W. a. 10 faces of	and also a second			

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

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

FILED 17 SEP 14 AM 10: 10

Articles of Amendment to Articles of Incorporation of

LAKE COUNTY SOCCER CLUB, INC		
(Name of Corporation	as currently filed with t	he Florida Dept. of State)
N08000000249		
(Docur	nent Number of Corporati	on (if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new porated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or regineration new registered agent and/or the new register		lorida, enter the name of the
Name of New Registered Agent: MIKE ANDREWS		
	27343 SR 19	
New Registered Office Address:	The state of the s	(Florida street address)
The Market Confer Address.	TAVARES	Stanida 32778
	(City)	, Florida, <i>(Zip Code)</i>

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.

Signature of New Registered Agent, if changing

- 4ja.

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 officeridirector 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: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TD	NAJI S. KHOURI	27343 SR 19
Add			TAVARES
X Remove			FLORIDA 32778
2) Change	TD	LYLE P. GILMET	27343 SR 19
X Add			TAVARES
Remove			FLORIDA 32778
3) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			
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6) Change			
Add			
Remove			

If amending or adding additions strach additional sheets, if necess	ary). (Be specific)			
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The	date of each amen	dment(s) adoption:	, if other than the
	this document was		
		SEPTEMBER 15, 2017	
Effe	ctive date <u>if applic</u>	able: (no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will te on the Department of State's records.	I not be listed as the
Ado	ption of Amendme	ent(s) (CHECK ONE)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes east for the amendment(s) it for approval.	
	There are no mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	SEPTEMBER 8, 2017	
	Signature		Meta-de-drived administration
		(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)	
		MIKE ANDREWS	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	