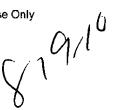
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:







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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Fort Myers Roc	kets Inc.	
DOCUMENT NUME	BER: NO8000	201900	
The enclosed Articles	of Amendment and fee are subm	nitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		et F. Lopez	
	(Name of C	Contact Person)	
	Fort Myen	s Rockets Inc.	
	(Firm/	Company)	
	2242 Fo	owler Street	
	(A	ddress)	
	Fort Myers	Florida 33901	
		and Zip Code)	· · · · · · · · · · · · · · · · · · ·
	fortmyersrocke	sinc@comcast.net	
		for future annual report notifi	cation)
For further information	concerning this matter, please	call:	
Yamilet F. Lopez		220 227.24	4.4
	of Contact Person)	at (239) 337-34	ime Telephone Number)
•	ŕ	•	•
Enclosed is a check for	r the following amount made page	yable to the Florida Departmen	nt 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		Street Address Amendment Section	
Division of Corporations		Division of Corporati	ions
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cent	or Circle
· mandality		Tailahassee, FL 3230	

Articles of Amendment to Articles of Incorporation of FORT MYCTS Pockets to C. (Name of Corporation as currently filed with the Florida Dept. of State) NOSODDO 9 (05)

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:

ne new name must be distinguishable and breviation "Corp." or "Inc." <u>"Company</u>		
Enter new principal office address, if a rincipal office address MUST BE A STR		
Enter new mailing address, if applical		
		
If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Flo egistered office address:	rida, enter the name of the
new registered agent and/or the new re	or registered office address in Floregistered office address: (Florida street address	
Name of New Registered Agent:	egistered office address:	

removed a	ig the Officers and/or Directors, on title, name, and address of each ditional sheets, if necessary)	enter the title and name of each officer/dir ch Officer and/or Director being added:	rector being
<u> </u>	<u>Name</u>	Address	Type of Action
			Add
	·		Remove
			☐ Add ☐ Remove
			Add Remove
		<u></u>	
	ding or adding additional Article		
(attach d	additional sheets, if necessary). (Be specific)	
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B. C	esile ant usq	olution of the or	, usitasinas
	•	distributed for a	
		poses within th	
96	section 501(c	1(3) of the Inte	ETNAL REVENUE
CDD	E, Or COTTESP	ouding section of	P LNY
		tax code, or shi	
dis	tributed to 1	the tederal gover	vuent,
D T 1	to a state o	5 local governme	eut,
tor	A public pu	.32691	· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: 01/01/10
Effective date <u>if applicable</u> :	(date of adoption is required)
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated_Aug	ust 16, 2010
Signature	Janul L. Syps
hay	y the chairman or vice chairman of the board, president or other officer-if directors yo not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Yamilet F. Lopez
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3