(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
· (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

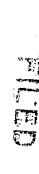
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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: West Augustine	e Athletic	Association	, Inc.
DOCUMENT NUM	BER: N08000001633			
The enclosed Articles	of Amendment and fee are subr	mitted for filin	ıg.	
Please return all corre	espondence concerning this matte	er to the follow	wing:	
		rd Reid, Jr.		
	(Name of 0	Contact Person	n)	
	(Firm/	Company)		
	894 We	st 6th Stree	et	
***************************************	(A	ddress)		<del></del>
		tine, FL 320		·
	(City/ State	e and Zip Cod	le)	
	yellowjackets: E-mail address: (to be used			cation)
For further information	on concerning this matter, please	call:		
Richard Reid, Jr.			347-35	
· (Name	of Contact Person)	(A	rea Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made pa	yable to the F	Plorida Departme	ent of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status			☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ai Di Cl 26	treet Address mendment Section ivision of Corpora lifton Building 661 Executive Cen allahassee, FL 323	tions ter Circle

### Articles of Amendment to Articles of Incorporation of



## West Augustine Athletic Association, Inc.

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

### N08000001633

(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:

bbreviation "Corp." or "Inc." "Company" or	ntain the word "corporation" or "i "Co." may not be used in the name	
Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or re		enter the name of tl
new registered agent and/or the new regist	tered office address:	
<u>Name of New Registered Agent:</u>	tered office address:	
	(Florida street address)	<del></del>

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

# 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>	<u>Name</u>	Address	Type of Action
2nd <b>⊈</b>	Erin Cook	894 W. 6th Street	□ Add
		St. Augustine, FL 32084	☐ ☑ Remove
2nd <b>√</b> ₽	Patrick Wilkerson	824 West 13th Street	
_		St. Augustine, FL 32084	
			☐ Remove
	ling or adding additional Articles dditional sheets, if necessary). (B		
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			<u>, .=</u>
	· · ·		

The date of each amendment(s) a	idoption: 5/24/2010
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 5/25/20	10
Signature	1ang D. ( ) Jeen
(By the	chairman or vice chairman of the board, president or other officer-if directors
	at been selected, by an incorporator - if in the hands of a receiver, trustee, or
other co	ourt appointed fiduciary by that fiduciary)
	MARY & Olsen
	(Typed or printed name of person signing)
	Tres.
<del></del>	(Title of person signing)