

OCT 22 2008 12:38 PM
Division of Corporations

CAPITAL CONNECTION

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NO8000003434

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6380

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Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

PANHANDLE MOTORCYCLE SOCIETY INC.

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Amend/cc
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OCT. 22. 2008 12:08PM

CAPITAL CONNECTION

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Flori NO. 9684 t P. 2 State



October 21, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PANHANDLE MOTORCYCLE SOCIETY INC.
1485 S. FAIRFIELD DR.
PENSACOLA, FL 32506

SUBJECT: PANHANDLE MOTORCYCLE SOCIETY INC.
REF: N08000003434

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 608A00054542

Articles of Amendment
to
Articles of Incorporation
of

Panhandle Motorcycle Society Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000003434
(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:

The new name must be distinguishable and contain the word "corporation" 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**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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: _____

New Registered Office Address: _____
(Florida street address)

(City) Florida
(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.

Signature of New Registered Agent, if changing

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DIVISION OF CORPORATIONS

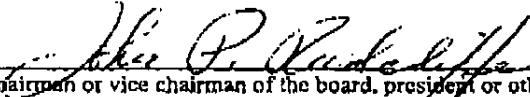
The date of each amendment(s) adoption: October 22, 2008

Effective date if applicable: October 22, 2008
(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 October 22, 2008

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)

John P Radcliffe
(Typed or printed name of person signing)

Executive Director
(Title of person signing)