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(Ř	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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SECREPANT OF STATE TALLAHASSEE, FL

JUN 22 2018 C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CH FOOTBALL ASSOCIATION	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
VICTORIA LOCKARD		
	(Name of Contact Person)	_
	(Firm/ Company)	
3960 S BANANA RIVER BLVD	(Camb Company)	
	(Address)	_
COCOA BEACH, FL 32931		
	(City/ State and Zip Code)	_
VICKI@TAYLORLOCKARD.COM		
E-mail address: (to be	used for future annual report notification)	_
For further information concerning this matter, pl	ease call:	
VICTORIA LOCKA	1d at 321 784 4515	
(Name of Contact Pe	rson) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount mac	le payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	e & \$\subseteq\$\$\$\$43.75 Filing Fee & \$\subseteq\$\$\$\$\$\$\$\$\$\$\$\$Certified Copy & Certificate of Status & Certified Copy & Certifie	
84 10: 4 1 1		

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 Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of "	· \.	
Cocoa beach	+02+10a1	association	TIC
(Name of Corporation as curr	ently filed with the Flo	orida Dept. of State)	
-·· \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	300000 C	9941	
(Document Nur	mber of Corporation (if		
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not F	for Profit Corporation adop	its the following
A. If amending name, enter the new name of the corpor	ation:		
			The new
name must be distinguishable and contain the word "corpo	ration" or "incorporat	ted" or the abbreviation "C	
<u>"Company" or "Co." may not be used in the name.</u>			
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>'S</u>)		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		<u> 20 </u>
		Ĩ	
			
			<u> </u>
D. If amending the registered agent and/or registered o	Mice address in Florid		ngs 🔁 🏗
new registered agent and/or the new registered offic			ਾਂਅ 👼 🧲
Name of New Registered Agent:		r	-≅
Name of New Registered Agent.			
		(Florida street address)	
New Registered Office Address:	'	, tortua siree, aaan essy	
		. Florida	
	(City)	, Florida (Zip Cod	
		• •	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and acce	nt the obligations of the nos	ition
i novely accept the appointment as registered agent. I am	Jamina and arece	p. the congulations of the pos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Signature of New Reg	istered 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)

Please note the officer/director 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	Y Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	GEORGE JANSEN	311 MCKINNLEY AVE
Add			COCOA BEACH, FL 32931
Remove			
2) Change	P	MARTINA DEBLOIS	104 ROOSEVELT AVE
X Add			COCOA BEACH, FL 32931
Remove			
3) Change	P	PETER SAGORSKI	807 N ATLATNIC AVE
Add			COCOA BEACH, FL
X Remove			32931
4) X Change	МЕМВЕ	JOHN KNIGHT	119 SUNSET DRIVE
Add			COCOA BEACH, FL
Remove			32931
5) X Change	TRE	MICHAEL DEBLOIS	104 ROOSEVELT AVE
Add			COCOA BEACH, FL
Remove			32931
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)				
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		5/31/19	
l'he d	ate of each amendment	(s) adoption:	, if other than the
iate tl	nis document was signed		
		5/31/19	
Effect	tive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will not be be because of State's records.	ot be listed as the
Adop	tion of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Signature (By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	VI	CTORIA LOCKARD	
		(Typed or printed name of person signing)	
		(Title of person signing)	
		(i tile of person signing)	