## N08000007579

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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Amend C.COULLIETTE

MAR 1 6 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                          | RATION: SANTA FE B                           | ABE RU         | TH SOF   | TBALL IN       | NC  |
|--|--|----------------|--|----------------|---|
| DOCUMENT NUMI                          | BER: N08000007579                            |                |  |                |   |
| The enclosed Articles                  | of Amendment and fee are su                  | ıbmitted for   | filing.  |                |   |
| Please return all corre                | spondence concerning this ma                 | atter to the f | ollowing:  |                |   |
|  |  | NDY BIDE       |  |                |   |
|  | (Name o                                      | of Contact P   | erson)   |                |   |
|  | SANTA FE BABI                                | E RUTH S       | OFTBALL  | INC.           |   |
|  | (Fin   | m/ Compan      | y)   | •              |   |
|  | 5579 S                                       | E 91ST T       | RAIL   |                |   |
|  |  | (Address)      |  |                |   |
|  | TREN   | TON FL 3       | 2693   |                |   |
|  | (City/ St                                    | ate and Zip    | Code)  |                |   |
|  | davidbido<br>E-mail address: (to be us       | dle@bellse     |  | ort notificati | on)   |
| For further informatio                 | n concerning this matter, plea               |                | • <b></b>  |                | <i>,</i>  |
| THERESE MARK                           |  | at (           |  | 317-5486       |   |
| (Name                                  | of Contact Person)                           |                | (Area Code                                       | & Daytime      | e Telephone Number)   |
| Enclosed is a check for                | or the following amount made                 | payable to     | the Florida D                                    | epartment o    | of State:   |
| □\$35 Filing Fee                       | ☑ \$43.75 Filing Fee & Certificate of Status | / Certif       | 3.75 Filing Foied Copy<br>tional copy is<br>sed) | 1              | □ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|  | ng Address<br>dment Section                  | •              | Street Add<br>Amendmen                           |                | ,   |
| Division of Corporations P.O. Box 6327 |  |                |  | Corporations   | S   |
| Tallahassee, FL 32314                  |  |                |  | itive Center ( | Circle  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SANTA FE BABE RUTH SOFTBALL INC. (Name of Corporation as currently filed with the Florida Dept. of State) N08000007579 (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 <u>MUST BE A STREET ADDRESS</u>) 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) Florida (City) (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

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>   | Name   | Address                        | Type of Action    |
|----------------|--|--------------------------------|-------------------|
|                |  |                                | ☐ Add<br>☐ Remove |
|                |  |                                | ☐ Add<br>☐ Remove |
|                |  |                                | ☐ Add ☐ Remove    |
|                | or adding additional Articles, enter chonal sheets, if necessary). (Be specific) Article |                                |                   |
| a. Said corpo  | ration is organized exclusively for  | charitable and educational p   | urposes,          |
| including, for | such purposes, the making of dist  | ributions to organizations the | at qualify as     |
| exempt organ   | nizations under section 501(c)(3) of   | f the Internal Revenue Code    | , or              |
| corresponding  | g section of any future federal tax o  | ode.                           |                   |
| b. Upon disso  | lution of the organization, assets s   | hall be distributed for one o  | r more exempt     |
|                | in the meaning of section 501(c)(3   |                                |                   |
|                | section of any future federal tax of   |                                |                   |
| federal govern | nment, or to a state or local govern   | ment, for a public purpose.    | Any such          |
| assets not dis | posed of shall be disposed of by the   | ne Court of Common Pleas       | of the county     |
| in which the p | rinciple office of the organization is   | s then located, exclusively fo | or such           |
| purposes or to | such organization or organization  | ns, as said court shall determ | nine, which are   |
| organized and  | d operated exclusively for such pur  | poses.                         |                   |
|                |  |                                |                   |
|                |  |                                |                   |
|                |  | <del>4</del> .                 |                   |

| The date of each amendment(s) a                               | adoption: August 12, 2008  |
|---|--|
|   | (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 adwas/were sufficient for approva   | lopted 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 3-1   | 2-10   |
| Signature (   | endy Bradle  |
|   | chairman or vice chairman of the board, president or other officer-if directors  |
|   | t been selected, by an incorporator - if in the hands of a receiver, trustee, or |
| other co  | urt appointed fiduciary by that fiduciary)                                       |
|   | WENDY BIDDLE   |
| •   | (Typed or printed name of person signing)  |
|   | TREASURER  |
|   | (Title of person signing)  |

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