## 180000 18096 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000265837 3)))



H150002658373ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To;

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number: I2000000168 ; (727)322-0909

Fax Number : (727)322-0520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### COR AMND/RESTATE/CORRECT OR O/D RESIGN GULFPORT LITTLE LEAGUE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$43.75

C. CAKKOTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

H15000 2658373

\* No. 2566 P. 2

#### Articles of Amendment to Articles of Incorporation

GULFFORT LITTLE LEAGUE, INC				
(Name of Corporation	n as curren	tly flied with the Flori	da Dept. of State)	
N08000010096				
(Docu	ment Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not For</i>	Profit Corporation adopts th	e following
A. If amending name, enter the new name of th	e corporați	lon:		ر. م
				The naw
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incorporated	or the abbreviation "Corp."	or "Inc."
		1820 55ST S		(A)
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		GULPPORT, PL 3370	7 .	
				No.
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)		P O BOX 15295		77.79
		ST PETERSBURG, F	L 33733	
D. If amending the registered agent and/or registered agent and/or the new register	istered office 2	e address in Florida, o	enter the name of the	
Name of New Registered Agent:	PAUL LA	TRAGNA	· · · · · · · · · · · · · · · · · · ·	
	5322 25TI	H AVE S		
New Registered Office Address	:	(Flo	rida street address)	
	GULFPO	RT	. Plorida 33707	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	ni. I ain fai	Agent: niliar with and accept the second sec	<del>-</del> i	

Page 1 of 4

W15002658373

## HIT0002658373

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.

<u>V</u> <u>Mil</u>			
Title	Name	Address	
P/S	PAUL LATRAGNA	5322 25 AVE S	
		GULFPORT, FL 33707	
TRES	JAMI ROWELL	9173 51ST ST N	
		PINELLAS PARK, FL 33782	
PRES	DENISE LOWE	2014 GRAY ST S	
<del>, ,</del>	<u> </u>	GULFPORT, FL 33707	
SEC	DARLENE CORCORAN	5310 12TH AVE S	
		GULFPORT, FL 33707	
	~ · · · · · · · · · · · · · · · · · · ·		
	Page 2 of 4		
	Y Mily SV Sall Title  P/S  TRES  PRES	Y Mike Jones SV Sally Smith  Title Name  P/S PAUL LATRAGNA  TRES JAMI ROWELL  PRES DENISE LOWE  SEC DARLENE CORCORAN	

. (

H15000 2658373

# H150002658373 No. 2566 P. 4

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)

Page 3 of 4

# H15002658373 No. 2566 P. 5

	this document was signed.
EIT	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unsent's effective date on the Department of State's records.
Ado	option 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 Signature
	(By the chairman of 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)
	PAUL LATRAGNA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)