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# **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: FLORIDA BOXING HALL OF FAME, INC DOCUMENT NUMBER: \_\_\_\_ N 09 000000321 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KATHY A. FLANSBURG
(Name of Contact Person) FLORIDA BOXING HALL OF FAME, INC.
(Firm/Company) 1501 Brookhaven CT TAMPA, El 33634 (City/ State and Zip Code) For further information concerning this matter, please call: HATHY A. FLANSBURG at (813) 884-771/
(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & \$35 Filing Fee \$43.75 Filing Fee & ■ \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

# **Articles of Amendment Articles of Incorporation**

ZOOGHAR ZE MII. S.S.

FLORIDA BOXING HALL OF (Name of Corporation as currently filed with the Florida Dept. of State)

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:

e new name must be distinguishable and		
breviation "Corp." or " Inc." <u>"Company</u>	<u>y" or "Co." may not be used in the nan</u>	<u>1e</u> .
Enter new principal office address, if	annlicable:	
rincipal office address MUST BE A STR		
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	<del></del>	
Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	
T6		
		, enter the name of th
If amending the registered agent and/new registered agent and/or the new r		, enter the name of th
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<u>Name of New Registered Agent:</u>	egistered office address:	n, enter the name of the
new registered agent and/or the new r		, enter the name of th
<u>Name of New Registered Agent:</u>	(Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	egistered office address:	
new registered agent and/or the new r  Name of New Registered Agent:  New Registered Office Address:	(Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	(Florida street address)  (City)  nging Registered Agent:	, Florida(Zip Code)

# 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>	<u>Address</u>	Type of Action
			Add Remove
			☐ Add☐ Remove
			Add Remove
(attach d	ding or adding additional Articles, additional sheets, if necessary). (Be Constitution Incorporation	specific)	ARTICLES OF
	6 TO MISSION STATEM	•	FLORIDA BOXING
	HALL OFFAME 15 A PU		
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	cle VIII) SECTION 2!		
	surrounding State		
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	the state	of FLORIDA"	
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<b>_</b>	the change "neighbor	ring" to "other"	+ "FOR" to "FROM
	ARTICLE X! CONFLI		
	SEE ATTACHED		

## ARTICLE X: CONFLICT OF INTEREST POLICY

Sections 1. Each board member shall sign the Florida Boxing Hall of Fame conflict to interest policy.

We, the Directors of the Florida Boxing Hall of Fame, resolve that no member of the Board of Directors shall participate in any discussion or vote on any matter in which he or she or a member of his or her immediate family has potential conflict of interest due to having material economic involvement regarding the matter being discussed. When such a situation presents itself, the director must announce his or her potential conflict, disqualify himself or herself, and be excused from the meeting until discussion is over on the matter involved. The President of the meeting is expected to make inquiry if such conflict appears to exist and the board member has not made it known."

### ACCEPTANCE OF CONFLICT OF INTEREST POLICY

As a member of the Board of Directors for Florida Boxing Hall of Fame, I hereby acknowledge that I have read and understand this Conflict of Interest policy, and that I accept its conditions as outlined.				
Signature	Date	<del>_</del>		

The date of each amendment	(s) adoption: 3-17-09
Effective date <u>if applicable</u> :	DATE OF FIUNG (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	3.24.09
Signature	North Flandering
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or r court appointed fiduciary by that fiduciary)
	WALTER A. FLANSBURG
	(Typed or printed name of person signing)
	PRESIDEN 7
	(Title of person signing)

Page 3 of 3