

N09000001801

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Amend / cc  
@ 3/11/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLORIDA MOTORCYCLE RIDERS FOUNDATION INC.

**DOCUMENT NUMBER:** N09000001801

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J. HALLARAN III

(Name of Contact Person)

FLORIDA MOTORCYCLE F

(Firm/ Company)

815 E FRENCH AVE

(Address)

ORANGE CITY FL. 32763

(City/ State and Zip Code)

For further information concerning this matter, please call:

ROBERT J. HALLARAN III

(Name of Contact Person)

at ( 321 ) 377-9569

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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

FLORIDA MOTORCYCLE RIDERS FOUNDATION INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000001801  
(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)

3275 HILLSBORO BLVD.

DEERFIELD BCH, FL. 33442

**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*

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**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>	<u>Type of Action</u>
CFO, <input checked="" type="checkbox"/>	ANTHONY COLEMAN	3275 HILLSBORO BLVD. <input checked="" type="checkbox"/> DEERFIELD BCH. FL <input checked="" type="checkbox"/> 33442 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

IT IS HEREBY DETERMINED THAT IF THE COMPANY SHOULD CLOSE, THAT ANY  
REMAINING ASSETS WILL GO DIRECTLY TO ANOTHER NON-PROFIT  
ORGANIZATION THE SPECIFICS OF WHICH ONE WILL BE DETERMINED BY THE  
CLOSING BOARD OF DIRECTORS SHOULD THAT EVER HAPPEN.

The date of each amendment(s) adoption: FEB, 25, 2009

Effective date if applicable:

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

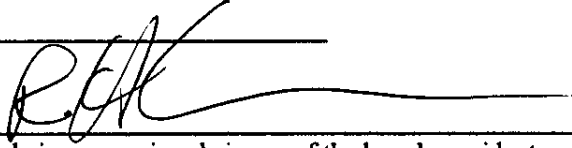
**(CHECK ONE)**

☐ 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 4/3/09

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)

ROBERT HALLARAN

(Typed or printed name of person signing)

CEO / PRESIDENT

(Title of person signing)