ND9000002912

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | 144-0-0 | |
| (AC | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL ' |
| (Bu | usiness Entity Nam | ne) |
| <u></u> | ocument Number) | |
| (DC | ocument Number) | , |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend (12/2/09

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: B.I.K.E.R.S.C | C.A.P. Inc. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|---|---|---|---|
| DOCUMENT NUM | BER: N09000002912 | | No |
| The enclosed Articles | of Amendment and fee are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matt | ter to the following: | |
| | | g Reaster | |
| | (Name of | Contact Person) | |
| | B.I.K.E.F | R.S.C.A.P. Inc. | |
| **** | (Firm | / Company) | |
| | PO | Box 2744 | |
| *************************************** | | Address) | |
| | Land O Lake | oc El 24620 2744 | |
| • | | es, Fl. 34639-2744 te and Zip Code) | |
| | | | |
| | greg@l E-mail address: (to be use | oikerscap.org d for future annual report notifica | tion) |
| For further information | on concerning this matter, please | e call: | |
| DIVEDOCAD OF |) Con Donatos | 912 574 656 | - |
| (Name | of Contact Person) | at (813) 574-6565 (Area Code & Daytim | ne Telephone Number) |
| | | ayable to the Florida Department | |
| | ☐ \$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) |
| Amen Divisi P.O. E | ng Address dment Section on of Corporations Box 6327 hassee, FL 32314 | Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

| B.I.K.E. | R.S.C.A.P. | Inc. | ate) |
|---|-------------------|---|---------------------------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | | ate) | |
| NO: | 9000002912 | 1 | ``` |
| | mber of Corporat | | · · · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I | | , this <i>Florida Not For F</i> | Profit Corporation adopt |
| A. If amending name, enter the new name of | of the corporatio | <u>n:</u> | |
| The new name must be distinguishable and a abbreviation "Corp." or "Inc." "Company" or | | | corporated" or the |
| B. Enter new principal office address, if applicable: | plicable: | 5323 Two Ninety N | Nine Dr. |
| (Principal office address <u>MUST BE A STREET ADI</u> | | Land O Lakes, Fl. | 34638 |
| | | *************************************** | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PO Box 2744 | |
| | | Land O Lakes, Fl. | 34639-2744 |
| D. If amending the registered agent and/or new registered agent and/or the new regi | | | ter the name of the |
| Name of New Registered Agent: | Gr | eg Reaster | |
| | 5323 Tw | o Ninety Nine Dr. | |
| New Registered Office Address: | (Flori | ida street address) | |
| | Lar | nd O Lakes | , Florida <u>34638</u> |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered position. | | | pt the obligations of th |
| _Z | Signature of New | Registered Agent, if che | anging |

Page 1 of 3

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> | Address | Type of Action |
|--------------|--|--------------------------------|--|
| | | | ☐ Add ☐ Remove |
| | | | |
| | | | |
| (attach d | nding or adding additional Article additional sheets, if necessary). al Article VIIII and Article X | | |
| Article VI | IIII: Said organization is organization | nized exclusively for charital | ole, religious, educational |
| and scien | ntific purposes, including, for | such purposes, the making | of distributions to |
| organiza | tions that qualify as exempt | organizations under section | 501 c (3) of the Internal |
| Revenue | Code, or corresponding sec | ion of any future federal tax | code. |
| Article X: | : Upon the dissolution of the | organization, assets shall be | distributed for one or |
| more exe | empt purposes within the mea | aning of section 501 c (3) of | the Internal Revenue |
| Code, or | corresponding section of any | future federal tax code, of | shall be distributed to the |
| federal g | overnment, or to at state or | ocal government, for a publ | ic purpose Any such |
| assets no | ot disposed of shall be dispos | sed of by the Court of Comm | non Pleas of the county |
| in which | the principal office of the org | anization is then located, ex | clusively for such |
| purposes | s or to such organization or o | rganizations, as said Court | shall determine, |
| which are | e organized and operated ex | clusively for such purposes. | |
| | | | |
| | | | ,************************************ |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: November 16, 2009 |
|---|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) November 22, 2009 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. |
| There are no members or adopted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. |
| Signature(B) | the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or |
| oth | er court appointed fiduciary by that fiduciary) |
| | Greg Reaster |
| | (Typed or printed name of person signing) |
| | B.I.K.E.R.S.C.A.P. Inc. Founder and C.E.O. |
| | (Title of person signing) |

Page 3 of 3