N0900003216

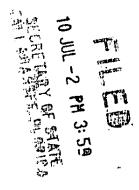
(Re	equestor's Name)	
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PłCK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Almend.
7-7-10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Trips Fo	r Kids Tampa I	Λ(,
DOCUMENT NUMBER: NO9000	0003216	
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Chris Kidd (Name of Co	Untact Person)	
Trips For K	ids Tampa Incompany)	<u>- </u>
10500 Bridgen	lress)	
Riverview F1, 33518 (City/State and Zip Code)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please ca	ılı:	
(Name of Contact Person)	at (<u>\$13</u>) <u>210 - 2</u> (Area Code & Daytime	OI3 Telephone Number)
Enclosed is a check for the following amount made paya		
\$35 Filing Fee \$\sum \$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 Ci	•

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

01
Trips For Kids Tampa Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
N09006063216
(Document Number of Corporation (if known)
ant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corp

Pursua poration adopts

The new name must be distinguishable and conta abbreviation "Corp." or "Inc." <mark>"Company" or "C</mark>		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<i>BOX</i>)	10 JUL -2 PM 3: 5.9
D. If amending the registered agent and/or regisnew registered agent and/or the new register		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<u></u>
_	(City)	, Florida (Zip Code)

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>	<u>Name</u>	Address	Type of Action
<u>vP</u>	Jonathon Gill		Add Remove
S	Heather Kennison		
T	Justin Rando		Add Remove
E. If amen (attach d	snt. on Attachment () ding or adding additional Articles, ente additional sheets, if necessary). (Be spec	cr change(s) here:	
			,

Attachment (A)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Vice President of Operations	Jeffrey Collignon	904 West River Dr	ADD
		Temple Terrace, Fl 33617	<u> </u>
Vice President of Marketing	Darrin Wilson	2012 Capri Rd	Add
		Valrico, Fl 33594	- -
Troopiuror	Jacob Shumac	205 Paka Ct	
Treasurer	Jacob Shumac	Brandon, Fl 33510	Add
			

The date of each amendment(s) adoption:	6/25/2010
•	(date of adoption is required)
Effective date <u>if applicable</u> :	
· (no	more than 90 days after amendment file date)
Adoption of Amendment(s) ((CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entit adopted by the board of directors.	eled to vote on the amendment(s). The amendment(s) was/were
Dated 6 25 20	lo
Signature	Kedler
have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator — if in the hands of a receiver, trustee, on the fiduciary by that fiduciary)
	(Typed or printed name of person signing)
<u> </u>	resident
	(Title of person signing)

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