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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

	,	
NAME OF CORPORATION: Spoce	oest Youth Athl	etics. Inc
DOCUMENT NUMBER: NO 9000	004809	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Angola Reed (Name of C	Contact Person)	
Space Coast Your (Firm/	th Athlatics, I	<u>nc.</u>
1460 Kings Ct.	ddress)	
TITUSTILE, FL (City/State	35780 and Zip Code)	
reed4477 6 hot E-mail address: (to be used	for future annual report notification	on)
For further information concerning this matter, please	call:	
Angola Reed (Name of Contact Person)	at (32) 9 (6	743 Telephone Number)
Enclosed is a check for the following amount made pay		
\$35 Filing Fee \$\frac{\mathbb{E}_1}{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

Space Coast Youth Athle (Name of Corporation as currently filed with	the Florida Part of Sta	tol
NO 90000 4809 (Document Number of Corporation		<u> </u>
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Pr	ofit Corporation adopts
A. If amending name, enter the new name of the corporation $\wp \mid \varphi$	<u>n:</u>	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		rporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N IA	O9 AU
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	G 17 PH P: 16 TARY OF STATE ASSEELF LORIDA
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add		r the name of the
Name of New Registered Agent: U	1A	-
New Registered Office Address: (Florid	da street address)	-
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agel hereby accept the appointment as registered agent. I am for position.	zent: amiliar with and accept	the obligations of the
Signature of New I	Registered Agent, if chan	ging

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>	Name	Address	Type of Action
	NIA	<u>radaress</u>	□ Add
			Remove
			- □ Add
			Remove
			□ Add
			Remove
	or adding additional Articles, enter chional sheets, if necessary). (Be specific,		
Soid co	rporation is organized	exclusively for cho	icitable,
	educational, and scien		
(J	irposes, the mating of		,
that quali	ly as exampt organization	ens under section	501(c)(3)
Of the	Internal Rovenue Code,	or the correspond	ling Section
	uture federal tax coc		<u> </u>
Upan d	lissolution of the Corp	poration, assus sh	ad la
distrib	wited for one or nor	e exempt our pos	es within the
neaning	of section 501(c)(3)	of the Internal Rove	nul Coole, or
the corr	responding section of env	Enture Sederal tox	rade, ox Shall
be distrib	buted to the Coderal op	xernment, or to as	hate or local
gararum	ent, for a public purpo	220. Any such assu	24s not so
disposed c	at shall be disposed of by	a Court of Competent	<u>Turisdiction</u>
OF the	county in which the prin	cipal office at the	corporation
is then	located, exclusion for	Such purposes or	to such
aracoizat	ion or occanizations ac	said and shall a	termine.

	g the Officers and/or 1 nd title, name, and add				ector being
	itional sheets, if necessa		and/or Director De	ing added.	
			4.11		T
<u>Title</u>	<u>Name</u>		Address		Type of Action
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E. If amend	ding or adding addition	nal Articles, enter c	hange(s) here:		
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The date of each amendment(s) adoption:
(date of adoption is required)
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
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)
Ingola Reed
(Typed or printed name of person signing)
Tresure
(Title of person signing)

Page 3 of 3