## N09000004942

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SECRETARY OF STATE
ANASSEE FLORIDA

Amend Neurs 3-31-11

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Team Justice	Inc.	
DOCUMENT NUM	BER: N09000004942		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	Da	ale Pople	
	(Name of	f Contact Person)	
	Team jus	tice Incorperated	
	(Firm	n/ Company)	
	3455 Cour	ntryside Blvd. #77	<u></u>
	(	Address)	
	Clearwa	ater, FL 33761	
	(City:/ Sta	nte and Zip Code)	
		gtampabay.rr.com	
	E-mail address: (to be use	ed for future annual report notificat	tion)
For further information	on concerning this matter, pleas	e call:	
Karen Connolly		at ( 727 ) 542-6627	7
(Name	of Contact Person)		e Telephone Number)
Enclosed is a check f	or the following amount made p	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		Street Address Amendment Section Division of Corporation Clifton Building	ŕ

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED
11 MAR 29 AM 8: 46
DECRETARY OF STATE

Team Justice Inc.

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State)

N0900004942

(Document Number of Corporation (if known)

(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:

The new name must be distinguishable and cont abbreviation "Corp." or "Inc." "Company" or "		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>		
D. If amending the registered agent and/or reg new registered agent and/or the new register		enter the name of the
Name of New Registered Agent:  New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

A. If amending name, enter the new name of the corporation:

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

## 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)

Title .	<u>Name</u>	Address	Type of Action
Directo	Steven G. Caldwell	1910 Montego Ct Oldsmar, FL 34677	☑ Add ☐ Remove
Directo	Annette M. Caldwell	1910 Montego Ct Oldsmar, FL 34677	☐ Add ☐ Remove
			Add Remove
(attach ac	lditional sheets, if necessary). (Be s	pecific)	
POPPER	nendment provides for an exchange as for implementing the amendmen ot applicable, indicate N/A)		
		•	

The date of each amendmen	t(s) adoption: 3	/25/2011
Effective date <u>if applicable</u> :	0.005.0004.4	(date of adoption is required)
	(no mo	re than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u> H	IECK ONE)
The amendment(s) was/we was/were sufficient for app		e members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		to vote on the amendment(s). The amendment(s) was/were
Dated_3/25	5/2011 L	Del posle
(By hav	e not been select	vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)
		Dale pople
	(Ту	ped or printed name of person signing)
		Director
		(Title of person signing)

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