## NO9000010216

|                                   | (Requestor's Name)               |
|-----------------------------------|----------------------------------|
|                                   | (Address)                        |
|                                   | (Address)                        |
|                                   | (City/State/Zip/Phone #)         |
| PICK-UF                           | WAIT MAIL                        |
|                                   | (Business Entity Name)           |
|                                   | (Document Number)                |
| Certified Copies                  | Certificates of Status           |
| Special Instructions TOVANI AdVIS | ed to Add<br>Thuadher<br>1/24/13 |

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: POWCICING                            | Youth Soco                    | er Inc.                          |
|---|-------------------------------|----------------------------------|
| DOCUMENT NUMBER: NO 90000                                 | 2/02112                       |                                  |
|   |                               |                                  |
| The enclosed Articles of Amendment and fee are subm       | nitted for filing.            |                                  |
| Please return all correspondence concerning this matter   | r to the following:           |                                  |
| william.  | Urrutia -                     | VP                               |
|   | (Name of Contact Perso        | n)                               |
|   |                               |                                  |
| 845   |                               |                                  |
|   | (Firm/ Company)               |                                  |
|   |                               |                                  |
| 606 Reinder   | - Daine                       |                                  |
| 606 Reindee   | (Address)                     |                                  |
|   | •                             |                                  |
| Kissimmer fl  | 2015a                         |                                  |
| Kissimmee fl  | (City/ State and Zip Coo      | le)                              |
|   | . ,                           |                                  |
| Pyssoccer@<br>E-mail address: (to be used                 | amailycon                     | <b>1</b>                         |
| E-mail address: (to be used                               | for future annual report      | notification)                    |
| For further information concerning this matter, places    | nalle                         |                                  |
| For further information concerning this matter, please of | can.                          |                                  |
| Turns of Courselon  | 201                           | 770 2002                         |
|   | at (0)                        | 7+9.0002                         |
| (Name of Contact Person)                                  | (Area C                       | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made pay     | yable to the Florida Dep      | artment of State:                |
|   |                               | _                                |
| ■ \$35 Filing Fee ■\$43.75 Filing Fee & I                 |                               | □\$52.50 Filing Fee              |
| Certificate of Status                                     | Certified Copy                | Certificate of Status            |
|   | (Additional copy is enclosed) | Certified Copy                   |
|   | enclosed)                     | (Additional Copy is<br>Enclosed) |
|   |                               |                                  |
| Mailing Address   |                               | Address                          |
| Amendment Section   |                               | dment Section                    |
| Division of Corporations<br>P.O. Box 6327                 |                               | on of Corporations<br>n Building |
| Tallahassee, FL 32314                                     |                               | Executive Center Circle          |

Tallahassee, FL 32301

## **Articles of Amendment**

| •  |  |
|--|--|
| Articles of A to Articles of Inc   | · · · · · · · · · · · · · · · · · · ·  |
| of   |  |
| Poinciana Youth Soce   | er Inc. 6 199  |
| (Name of Corporation as currently filed with the Florida D   | Dept. of State)  |
| N09000010214   | The state of the s |
| (Document Number of Corporat   | ion (if known)   |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:          | Florida Not For Profit Corporation adopts the following  |
| A. If amending name, enter the new name of the corporation:  |  |
|  | The new  |
| name must be distinguishable and contain the word "corporation" o "Company" or "Co." may not be used in the name.              | or "incorporated" or the abbreviation "Corp." or "Inc."  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                      | 006 Reindeer Drive   |
| (i incipal office address <u>Most the A STREET ADDRESS )</u>   | Kissimmee  |
|  | FL 34759   |
|  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 606 Raindeer Drive   |
| <u> </u>   | Kissimmee  |
|  | FL 34759   |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address |  |
| Name of New Registered Agent:  |  |

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

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

Florida

(Zip Code)

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change X Remove X Add       |       | Doe<br>Jones<br>Smith |  |
|-------------------------------|-------|-----------------------|--|
| Type of Action<br>(Check One) | Title | Name                  | <u>Addres</u> s                            |
| 1) _<_ Change Add Remove      | VP    | Urrutia, William      | 606 Reinder Dr.<br>Kissimmee<br>FL 34759   |
| 2) Change Add                 | -     | Jovanni Gonzalez      | 2839 Boating Blud<br>Kissimmee             |
| Remove 3) Change Add          | Rey   | Elvia Santos          | FL 34746<br>811 Abbeville Ct.<br>Kissimmee |
| Remove  4) Change Add Remove  |       |                       | FL 34759                                   |
| 5) Change Add Remove          |       |                       |  |
| 6) Change Add Remove          |       |                       |  |

|              | ange(s) here:                         |                                       |             |                                       |
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| late this document was signed                        | · / / · · · · · · · · · · · · · · · · ·  | , if other than the |
|--|--|---------------------|
| 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/w<br>was/were sufficient for ap | were adopted by the members and the number of votes cast for the amendment(s) opproval.  |                     |
| There are no members or adopted by the board of o    | members entitled to vote on the amendment(s). The amendment(s) was/were directors.   |                     |
| Dated  | 9/10/13/   |                     |
| Signature  | Jospes when  | _                   |
|  | c chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or |                     |
|  | court appointed fiduciary by that fiduciary)   |                     |
| Fr   | ancisco Santes   |                     |
|  | (Typed or printed name of person signing)  |                     |
|  | President  |                     |
|  | (Title of person signing)  |                     |