## 140900010625

b.		
i (Re	equestor's Name)	· · · · · ·
(Ac	ldress)	
(Ac	idress)	
(0)	tu/Ctata/7in/Dhana	<u></u>
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Name	е)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		į
·		

Office Use Only

12/6/09



900163384869

12/14/09--01039--015 \*\*35.00

pron (



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PORT SE	AINT LUCIE BOBCATS	INC
DOCUMENT NUMBER: NO 900001	0625	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
LRUNAL PATE	L	
(Name	e of Contact Person)	
PORT SAINT LUCIE	30BCATS / LNC Firm/ Company)	
2096 NW LOURTXA	(Address)	<del></del> _
POIZT - SAINT LUC (City/	State and Zip Code)	
info@elen E-mail address: (to be	nentpsl.com used for future annual report notifica	ation)
For further information concerning this matter, p	lease call:	
LRUNAL PATEL	at(772) 4(8	5957
(Name of Contact Person)		ne Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Departmen	t of State:
\$35 Filing Fee \$\sum \text{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 Corporatio Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



PORT SAINT LUCIE BOBCATS INC (Name of Corporation as currently filed with the Florida Dept. of State)

N0900010625
(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:

he new name must be distinguishable at bbreviation "Corp." or " Inc." <u>"Compan</u>		
. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>		
. Enter new mailing address, if applic		
(Mailing address <u>MAY BE A POST O</u>	<u> </u>	
. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:		Florida, enter the name of the
<u>Name of New Registered Agent:</u>	registered office address:	

## 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
<u>D</u>	JAMIE HANNAN	2096 NW COURT YARD CIRCLE. PORT ST LUCKE FC 34986	Remove
0	JAMES JOESEPH HANNIN JR	- 2096 NW COURTYARD LIRCLE. PORT SAINT LUCIE FL, 34986	⊠ Add ⊟ Remove
<del></del>			☐ Add ☐ Remove
	g or adding additional Articles, enter citional sheets, if necessary). (Be specific		
			·

The date of each amendment(s) a	doption: December 9th ZUOS
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man 20 days after amenamem fite date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated <u>Secen</u>	ber 9th 2009 Habl
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	KRUNAL PATEL  (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PVSD
	(Title of person signing)