ND9000011485

		26 WAY FZ 33309
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
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SECHETARY OF STATE STATE SECHETARY OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FAU ICE HOCK	KEY CLUB, INC		
DOCUMENT NUMBER: N09000011485			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
BENTLEY, ERIK D			
(Name	of Contact Person)		
FAU ICE HOCKEY CLUB, INC			
(Fi	rm/ Company)		
	(Address)		
BOCA RATON, FL 33431			
(City/ S	State and Zip Code)		
ERIK@FAUHockey.com	sed for future annual report noti	fication)	
For further information concerning this matter, plea	·	,	
Scott Grosky	at (954) 275-32	275	
(Name of Contact Person)	(Area Code & Day	ytime Telephone Number)	
Enclosed is a check for the following amount made	e payable to the Florida Departm	ent of State:	
☑\$35 Filing Fee	□\$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	Street Address Amendment Sectio	,	
Division of Corporations	Division of Corpor		
P.O. Box 6327	P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314	2661 Executive Cer	nter Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FAU ICE HOCKEY CLUB, INC.

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

NIA	വ	ነበሰ	ነበላ	11.	1ጸ5

(Document Number of Corporation (if known)

breviation "Corp." or " Inc." <u>"Company</u>		l "corporation" or "in ot be used in the name.	corporated" or the
Enter new principal office address, if a rincipal office address MUST BE A STR			
Enter new mailing address, if applical (Mailing address MAY BE A POST OF		6848 NW 26 WAY	,
		FORT LAUDERD	ALE, FL 33309
If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent:			nter the name of th
new registered agent and/or the new re	egistered office ad		nter the name of th
Name of New Registered Agent:	(Flor	idress: rida street address) (City)	nter the name of th

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name		Address	
1) <u>GM</u>	Scott Grosky	6848	NW 26th Way	
-/		Fort Lau	derdale, FL 33309	
2)		<u> </u>		
3)	<u></u>			
				
4)				
4)				
				,
5)				
	•			
6)				
				
				
If REMOVING removed:	an officer and/or director, pleas	e list the title(s) a	nd name of the officer	<u>/director to be</u>
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1) <u>P</u>	PACQUEE, NICOLAS	4)		
2)		5)		<u>.</u>
3)		6)		

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
- 		
		
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The date of each amendment	$\lambda(s)$ adoption: $\lambda(s)$ adoption:
	(date of adoption- required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	NOU. 10, 2011
C:tur-	1)
Signature	the chairman or vice chairman of the board, president or other officer-if director
	e not been selected, by an incorporator – if in the hands of a receiver, trustee,
	er court appointed fiduciary by that fiduciary)
	JOHN TORRENTS
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

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