## MODDODO

(Ře	equestor's Name)	
(Ac	ldress)	
. (Ac	Idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/19/12--01016--020 \*\*43.75



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Youth Sp	orts, Inc.
tted for filing.	
to the following:	
Name of Contact Person	n)
Inc.	
(Firm/ Company)	
(Address)	
City/ State and Zip Code	e)
gmail.com	
or future annual report	notification)
dl:	
<sub>at</sub> 352	494-1640  ode & Daytime Telephone Number)
(Area Co	ode & Daytime Telephone Number)
ble to the Florida Depa	urtment of State:
\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is
	Enclosed)
	<u>Address</u>
Amend	,
	Inc.  (Firm/ Company)  (Address)  City/ State and Zip Code  Gmail.com  or future annual report  III:  at (352 (Area Co (Area Co Cott)  S43.75 Filing Fee & Certified Copy (Additional copy is

Tallahassee, FL 32301

	es of Amendment to s of Incorporation
Hawthorne Youth Sports, Inc	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N10000002110	meg z
. (Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	ion:
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	6000 SE 205th St
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hawthorne, Fl
	32640
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 665
	Hawthorne, FI
	32640
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent: Aimee World	
183 Worley	Way

New Registered Office Address:

Hawthorne (City) (Zip Code)

(Florida street address)

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

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

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>X</u> Change Add Remove	PD	Robert Harrod	PO Box 665 Hawthorne, Fl 32640
2) <u>X</u> Change Add Remove	VPD	Antonio Williams	PO Box 665 Hawthome, Fl 32640
3 ) × Change Add Remove	SD	Shakeyta Grimes	PO Box 665 Hawthome, Fl 32640
4) <u>×</u> Change Add Remove	TD	Aimee Worley	PO Box 665 Hawthorne, FI 32640
5) Change Add Remove			
6) Change Add Remove	<del></del>		

attach additional sheets, if necessary	rticles, enter change(s) here: . (Be specific)	
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The date of each amendment(s) adoption:					
Effec	ffective date if applicable:				
	(no more than 90 days after amendment file date)				
Adop	otion 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 April 16, 2012				
	Signature Ublu				
	(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)				
	Aimee Worley				
	(Typed or printed name of person signing)				
	Treasurer				
	(Title of person signing)				