

N10000003357

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TALLAHASSEE, FLORIDA

Rec'd 10/25/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: G-VILLE HEAD HUNTER & SPORTS ASSOCIATION INC.

DOCUMENT NUMBER: N100000003357

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LENORA MAZON-CALDWELL

(Name of Contact Person)

(Firm/ Company)

POST OFFICE BOX 2688

(Address)

HIGH SPRINGS, FL 32655

(City/ State and Zip Code)

Gvillehhsa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LENORA MAZON CALDWELL at (352) 256. 6490
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

G-VILLE HEAD HUNTER & SPORTS ASSOCIATION, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N/100000003357

(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:

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

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

21905 NW 202

High Springs

FL, 32655

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO Box 2688

High Springs

FL, 32655

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Lenora Mazon-Caldwell

New Registered Office Address:

21905 NW 202 Ave

(Florida street address)


High Springs

(City)

, Florida 32655
(Zip Code)

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

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------------|--|--|
| <u>S</u> | <u>Joi D. NATTEL</u> | <u>21905 NW 202 AVE /</u> <u>PO BOX 2688</u> <u>HIGH SPRINGS, FL</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <u>32655</u> |
| <u>VP</u> | <u>Kelley T. Caldwell SR</u> | <u>21905 NW 202 AVE /</u> <u>PO BOX 2688</u> <u>High Springs, FL</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <u>32655</u> |
| <u>P</u> | <u>Lennora Mazon Caldwell</u> | <u>21905 NW 202 AVE /</u> <u>PO BOX 2688</u> <u>High Springs, FL</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <u>32655</u> |

Additional Sheet attach

E. If amending or adding additional Articles, enter change(s) here: Amending change
(attach additional sheets, if necessary). (Be specific)

Organization requesting Tax Exempt 501(c) 3 for grants to establish 50% of our organization to benefit the Minors, while we providing activities that contribute to the development of good character or good sportsmanship, or to the educational or cultural development, of minors. We will have non-discrimination, volunteers and paid professional staff; for our Open Trade Camp; teach work ethics skills; visit different College, Education tours, and Free breakfast & lunch Program during the Summer. Gville Head Hunters is for educational Skills, job skills, and life long beneficial skills. Sports Associations, Inc. is to educate on different Sports skills, sportsmanship, developing and educating life skills.

| | |
|-------------|--|
| PREPARED BY | |
| DATE | |

Amending Officers and or Directors

PAGE
NO

| Title | Name | Address | (Add/Remove) |
|--------------------|---------------|---|--------------|
| Head of Fundraiser | Tyrone Watson | 21905 NW 202 Ave/ PO Box 2688 High Springs FL 32655 | (Add/Remove) |

| | | | |
|-------------------------|----------------|--|--------------|
| Treasure/ Bookkeeper | Joi D. Nattiel | 21905 NW 202 Ave PO Box 2688 High Springs FL 32655 | (Add/Remove) |
|-------------------------|----------------|--|--------------|

* Remove all Officers

ETC

| | | |
|-----------|--|----------|
| ERIC ROSS | 408 W University Ave Suite 600A- Gainesville, FL 32601 | (Remove) |
|-----------|--|----------|

ETC

| | | |
|-----------------|--|----------|
| Stephanie Conly | 408 W University Ave Suite 600A- Gainesville, FL 32601 | (Remove) |
|-----------------|--|----------|

ETC

| | | |
|------------------|--|----------|
| Lynette Robinson | 408 W University Ave Suite 600A- Gainesville, FL 32601 | (Remove) |
|------------------|--|----------|

ETC

| | | |
|--------------|--|--|
| Angie Stokes | 408 W University Ave Suite 600A- Gainesville, FL 32601 | |
|--------------|--|--|

Over

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| PREPARED BY | |
| DATE | |

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| | PAGE NO. |
|--|----------|

PROJECT & LOG SHEET

PROJECT & LOG SHEET

Remove

P

Lenora Mazon-Caldwell 408 W University Ave, Suite 600A Gainesville, FL 32602

Remove

VP

Kelley T Caldwell SR 408 W University Ave, Suite 600A Gainesville, FL 32602

The date of each amendment(s) adoption: Oct 17, 2011
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption 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 October 17, 2011

Signature [Signature]
(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)

Lenora Mazon-Caldwell
(Typed or printed name of person signing)

President / Director
(Title of person signing)