Florida Department of State

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Fax Number : (323) 962-3889

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Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SW FLORIDA	TRAVEL BALL INC.	
DOCUMENT NUM	BER: N10000003839		·
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
- 		bara Dang Contact Person)	Appropriate the second
	,		
		oom.com, Inc.	·····
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	of Contact Person)	at (323) 962-86 (Area Code & Day)	ime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Departme	nt of State:
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	ng Address dment Section	Street Address Amendment Section	
Divisio	on of Corporations	Division of Corporat	ions
P.O. Box 6327		Clifton Building 2661 Executive Center Circle	
i alian	assee, FL 32314	Tallahassee, FL 3230	

Articles of Amendment **Articles of Incorporation**

SW FLORIDA TRAVEL BALL INC.

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

N10000003839

(Document Number of Corporation (if known)

to October 1988 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) Florida_____(Zip Code) (City) 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

	(Attach additional sheets, if necessary)					
<u>Title</u>	Name	Address	Type of Action			
<u>T</u>	Lisa Hunt	5234 Skylark Ct.	Z Add			
		Cape Coral, FL 33904	Remove			
<u>T</u>	Jill Jaffarian	3429 SE 5th Ave	🗖 Add			
	Cape Coral, Ft. 33904	☑ Remove				
			LI Remove			
E. If ame	nding or adding additional Artic	les, enter change(s) here:				
(attach	additional sheets, if necessary).	(Be specific)				
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			

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The date of each amendment	(s) adoption: 9/20/2012			
Effective date if applicable:				
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we 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 adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.			
Dated	9-25-12 Stop II			
Signature	the chairman or vice chairman of the board, president or other officer-if directors			
	e not been selected, by an incorporator — if in the hands of a receiver, trustee, or			
othe	er court appointed fiduciary by that fiduciary)			
	Steve Hunt			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

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