

NI 0000005530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF NEW YORK
DEPARTMENT OF TAXATION

JUN 5 2015
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2015

DONALD ATTRIDGE
1544 SE FACULTY CT
PORT ST LUCIE, FL 34952 US

SUBJECT: CENTRAL FLORIDA GAELIC SPORTS INC.
Ref. Number: N10000005530

We have received your document for CENTRAL FLORIDA GAELIC SPORTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not correct your annual report. You can file an amendment to make the changes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 915A00011485

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CENTRAL FLORIDA GAELIC SPORTS INC.

DOCUMENT NUMBER: N 1 0000005530

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

Please return all correspondence concerning this matter to the following.

Donald Attridge
(Name of Contact Person)

(Firm/ Company)

1544 SE FACULTY CT
(Address)

PORT ST. LUCIE, FL 34952
(City/ State and Zip Code)

exquisitebeauty@bellsouth.net
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Attridge at (772) 812-1989
(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:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
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Already submitted

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

Fax 850-245-6897
Attn: Carolyn Lewis

Articles of Amendment
to
Articles of Incorporation
of

CENTRAL FLORIDA GAELIC SPORTS INC.

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

N10000005530

(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**)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- 1) ☒ Change PRO Scott A. Cooper 3936 Bent Tree Blvd.
☐ Add (Public Relations Officer) Sarasota, FL
☐ Remove 34241
- 2) ☐ Change VC Edward Kelly 11610 Water Poppy Terrace
☐ Add Lakewood Ranch, FL 34202
☒ Remove
- 3) ☐ Change S Edmond J. Kelly 11606 Water Poppy Terrace
☒ Add Lakewood Ranch, FL
☐ Remove 34202
- 4) ☐ Change VC Jeffery M. Robarr 2001 Glenridge Hwy #30
☒ Add (Vice Chair) Winter Park, FL
☐ Remove 32792
- 5) ☐ Change R Liam McKenna 2877 Southland Road
☒ Add (Registrar) Mount Dora, FL
☐ Remove 32757
- 6) ☐ Change _____
☐ Add _____
☐ Remove _____

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

Page 3 of 4

The date of each amendment(s) adoption: May 16, 2015 if other than the date this document was signed

SECRETARY OF STATE
DIVISION OF CORPORATION

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

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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 5/16/2015

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)

DONALD ATTRIDGE

(Typed or printed name of person signing)

Chairman

(Title of person signing)