# M10000009251

(Rec	luestor's Name)	
(Add	lress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2011

ERIC A. BROWN BROWNSVILLE BASKETBALL ACADEMY, INC. 1210 NE 32ND TERR HOMESTEAD, FL 33033

SUBJECT: BROWNSVILLE BASKETBALL ACADEMY, INC.

Ref. Number: N10000008251

We have received your document for BROWNSVILLE BASKETBALL ACADEMY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please show titles such as P, V, S, T & D. Coach is not at acceptable title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 711A00009671

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

PAGE 01/03

UPS STORE HOMESTEAD

3022472864 04/52/5011 17:20



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2011

FAYE D. SLATER BRONSVILLE BASKETBALL ACADEMY, INC. 815 N. HOMESTEAD BLVD #303 HOMESTEAD, FL 33030-5024

SUBJECT: BROWNSVILLE BASKETBALL ACADEMY, INC.

Ref. Number: N10000008251

We have received your document for BROWNSVILLE BASKETBALL ACADEMY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 911A00002244

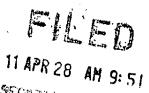
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ALLAHASSEE, FLORIDA

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Brownsville Bask		asketball Academy, In	<b>C</b> .
DOCUMENT NUM	BER: N10000008251		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matte		ter to the following:	
		A. Brown	
	(Name of	Contact Person)	
		ketball Academy, Inc.	
	(Firm	/ Company)	
	1210 N	IE 32nd Terr	
-	(2	Address)	
	Homeste	ead, FL 33033	•
	(City/ Star	te and Zip Code)	
		obcats@gmail.com d for future annual report notif	fication)
For further informati	on concerning this matter, please	e call:	
Eric A. Brown		at ( 786 ) 397-9	226 or 703-638-0786
(Name	of Contact Person)	((Area/Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departm	ent 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 Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ations nter Circle

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



Brownsville Basketball Academy, Hid (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State)

### N10000008251 (Document Number of Corporation (if known)

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.  3. 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)  B15 N. Homestead Boulevard  #303  Homestead, FL 33030  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:  (Not amending)  815 N. Homestead Blvd, #303  New Registered Office Address:  (Florida street address)  Homestead (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations	(	Not amending)		
Principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B15 N. Homestead Boulevard  #303  Homestead, FL 33030  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:				rporated" or the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  #303  Homestead, FL 33030  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: (Not amending)   815 N. Homestead Blvd, #303     New Registered Office Address: (Florida street address)   Homestead	. Enter new principal office address, if a	pplicable:	(Not amending)	
(Mailing address MAY BE A POST OFFICE BOX)  #303  Homestead, FL 33030  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: (Not amending)   815 N. Homestead Blvd, #303   New Registered Office Address: (Florida street address)   Homestead (City) (Zip Code)   ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations	rincipal office address <u>MUST BE A STRE</u>	<u>EET ADDRESS</u> )		
(Mailing address MAY BE A POST OFFICE BOX)  #303  Homestead, FL 33030  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: (Not amending)   815 N. Homestead Blvd, #303   New Registered Office Address: (Florida street address)   Homestead				
Homestead, FL 33030  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: (Not amending)			815 N. Homestead I	Boulevard
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:			#303	
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:		,	Homestead, FL 330	30
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  (Not amending)  815 N. Homestead Blvd, #303  New Registered Office Address:  (Florida street address)  Homestead  (City)  (Zip Code)  Rew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations	10			
815 N. Homestead Blvd, #303  New Registered Office Address: (Florida street address)  Homestead , Florida 33030 (City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations				er the name of the
New Registered Office Address:  (Florida street address)  Homestead (City) (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations	new registered agent and/or the new re	gistereu office auc	11 035.	
Homestead , Florida 33030 (City) , Florida (Zip Code)  Ew Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations				
(City) (Zip Code)  www. Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations		(No	t amending)	-
ew Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations	Name of New Registered Agent:	(No	t amending) nestead Blvd, #303	- -
hereby accept the appointment as registered agent. I am familiar with and accept the obligations	Name of New Registered Agent:	815 N. Hon	t amending) nestead Blvd, #303 da street address)	- - _, Florida_33030
, , , , , , , , , , , , , , , , , , , ,	Name of New Registered Agent:	815 N. Hon	t amending) nestead Blvd, #303 da street address)	_ _, Florida <u>33030</u> <i>(Zip Code)</i>
	Name of New Registered Agent:  New Registered Office Address:  ew Registered Agent's Signature, if chan	815 N. Hon (Floric	t amending) nestead Blvd, #303 da street address) omestead (City) gent:	
	Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if chan- hereby accept the appointment as register osition.	815 N. Hon (Florida) Ho ging Registered A red agent. I am j	t amending) nestead Blvd, #303 da street address) omestead (City) gent:	t the obligations

## 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> .	Address	Type of Action
<u>D</u> .	Tony Brown, Sr.	167 Salem Court	☑ Add
		Tallahassee, FL 32301	☐ Remove .
<u>D</u> .	Vernon Steele	815 N. Homestead Blvd, #303	☑ Add
	•	Homestead, FL 33030	Remove
<u>D</u>	Anthony Taft	815 N. Homestead Blvd, #303	☑ Add
		Homestead, FL 33030	☐ Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific	<u> </u>	
Amend Articl	e III to read: Said organization is o	organized exclusively for cha	ritable purposes
including, for	such purposes, the making of dis	tributions to organizations th	at qualify as
exempt orga	nizations under section 501(c)(3) o	of the Internal Revenue Cod	e, or
correspondin	g section of any future federal tax	code.	
Upon the dis	solution of the organization, assets	s shall be distributed for one	or more exempt
purposes wit	hin the meaning of section 501(c)(	3) of the Internal Revenue C	Code, or
correspondin	g section of any future federal tax	code, or shall be distributed	to the federal
government,	or to a state or local government, f	for a public purpose. Any suc	ch assets
not disposed	of shall be disposed of by a Court	t of Competent Jurisdiction o	of the county
in which the	principal office of the organization	is then located, exclusively t	for such purposes
or to such or	ganization or organizations, as sai	d Court shall determine, whi	ch are organized
and operated	d exclusively for such purposes.		
	•		
NOTE: Remove all previous information under Article III.			
	•		

· The date of each amendment(	s) adoption: April 11, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or members or meadopted by the board of directions.	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated4/ Signature	125/2011 Jaye De Late
(By	the chairman or vice chairman of the board, president or other officer-if directors in not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Faye D. Slater
	(Typed or printed name of person signing)
	Assistant Director
	(Title of person signing)