

N110000001843

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DIVISION OF CORPORATIONS
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Amend
C.COULLIETTE

SEP 22 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WEST PASCO PREDATORS BASEBALL, INC.

DOCUMENT NUMBER: N11000001843

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

Please return all correspondence concerning this matter to the following:

Ken Donovan
(Name of Contact Person)

WEST PASCO PREDATORS BASEBALL, INC.
(Firm/ Company)

5702 Fieldspring Ave.
(Address)

New Port Richey, FL. 34655-1100
(City/ State and Zip Code)

kennethdonovan@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Donovan at (727) 348-1877
(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**

WEST PASCO PREDATORS BASEBALL, INC.

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

N11000001843

(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)

5702 Fieldspring Ave.

New Port Richey, Fl.

34655

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

5702 Fieldspring Ave.

New Port Richey, Fl.

34655

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:

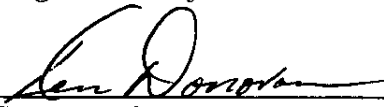
Name of New Registered Agent: Ken Donovan

New Registered Office Address: 5702 Fieldspring Ave.
(Florida street address)

New Port Richey, Florida 34655
(City) (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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DIVISION OF CORPORATIONS
SEP 21 AM 8:27

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VPD	SCOTT C FISH	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove

T.D.	ROBIN J FISH	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove

S.D.	ANGELA KERSEY	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Attach additional sheets, if necessary)

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

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>
D	ED MALAVE	12228 SHEARWATER DRIVE NEW PORT RICHEY, FL 34654 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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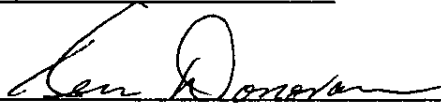
The date of each amendment(s) adoption: July 13, 2011
(date of adoption is required)

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 August 29, 2011

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)

Ken Donovan
(Typed or printed name of person signing)

President, Director
(Title of person signing)