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SECRETARY OF STATE THE AND AND STATE OF STATE OF

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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: 50 Legs in 50	Days, Inc.		
DOCUMENT NUMBER: N11000009280			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following	:	
Robert Dollinger			
	(Name of Contact	Person)	
50 Legs in 50 Days, Inc.			
	(Firm/ Comp	any)	
4511 W Ballast Point Blvd			
	(Address))	
Tampa FL 33611			
	(City/ State and Z	ip Code)	
rob@50legs.org			
E-mail address: (to E	oe used for future annual	report notification	n)
For further information concerning this matter.	please call:		
Robert Dollinger		813 at	408-4004
(Name of Contact I			(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florid	la Department of :	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of S	Fee & S43.75 Filing Fitatus Certified Copy (Additional copenclosed)	Certif y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is esed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Secti Division of Corpo Clifton Building 2661 Executive C	prations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

50 Legs in 50 Days, Inc.					
(Name of Corporation	as current	ly filed with the Florida Dept. of S	State)		
N11000009280					
(Docum	ment Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For Profit Corp</i> e	<i>oration</i> adopts t	ne follow	ing
A. If amending name, enter the new name of the	e corporațio	on:			
				The n	iew
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the abbr	eviation "Corp.	" or "Inc	2. "
B. Enter new principal office address, if applicable: (Principal office address MI/ST RE A STREET ADDRESS)		4511 West Ballast Point Blvd			
		Tampa FL 33611			_
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		PO Box 130165 Tampa FL 33681	TALL AT	19 JL	— —
		·	3.0 2.0 2.0 2.0 2.0 2.0	R 24	
D. If amending the registered agent and/or regi	stered office	e address in Florida, enter the nai	ਾੜ me of the _ੀ.	P	1
new registered agent and/or the new register				÷ ==	,,,,,,,
Name of New Registered Agent:	Robert Do	llinger	10A	32	
	4511 West Ballast Point Blvd		Ψ,		
	(Florida street address)				—
New Registered Office Address:					
Tampa					
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			as of the position	1.	
-	Sis	gnature of New Registered Agent, if	changing	<u>.</u> .	

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: X Change X Remove X Add	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Tiffany Willis	4505 Loma Vista Dr
Add			Valrico, FL 33596
X Remove			
2) Change	COO	Robert Dollinger	4511 West Ballast Point Blvd
X Add			Tampa FL 33611
Remove			N 24
3) Change			m _e z m
Add			
Remove			2
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		D 2.64	

If amending or adding additional Articles, enter change(s) here attach additional sheets, if necessary). (Be specific)					
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	e date of each amendment this document was signed		, if other than the
EW	ective date <u>if applicable</u> :	June 4th 2019	
	<u></u>	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in thus urnent's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) proval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
	June I Dated	9 2019	
	Signature		
	have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
		Shane Wood	
		(Typed or printed name of person signing)	
		Vice President	
		(Title of person signing)	FILEI 9 JUN 24 PH
		SSEE. FLO	24 PH L