	(Requestor's Name)
	(Address)
—	(Address)
	(City/State/Zip/Phone #)
L	PICK-UP WAIT MAIL
	(Business Entity Name)
<del></del>	(Document Number)
	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
	•
	PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status

Office Use Only



200212219062

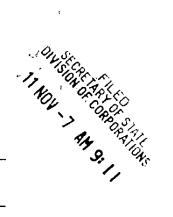
11/07/11--01012--006 \*\*35:00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PARADISE SPO	DRTS CLUB, INC.
DOCUMENT NUMBER: N11000009374	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DONNA BOWES	
(Name	of Contact Person)
PARADISE SPORTS CLUB, INC	C
(Fir	m/ Company)
1338 SW BAYSHORE BLVD	
	(Address)
PORT ST. LUCIE, FL 34983	101 0 1)
(City/ Si	tate and Zip Code)
paradisesportsclubinc@gmail.coi E-mail address: (to be us	m sed for future annual report notification)
For further information concerning this matter, plea	
DONALA DONALEC	.770 040 0007
(Name of Contact Person)	at (772 ) 240-0927 (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 & □\$52.50 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



## PARADISE SPORTS CLUB, INC.

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

(Name of Co	rporation as currently	Theu with the	FIGURA DEPL.	or state)
N11000009374				
	(Document Number	of Corporation	(if known)	

. If amending name, enter the new name of the	corporation:	
he new name must be distinguishable and contai bbreviation "Corp." or "Inc." <u>"Company" or "C</u>		corporated" or the
. Enter new principal office address, if applicat		
Principal office address <u>MUST BE A STREET AL</u>	<u>ODRESS</u> )	
	4 <del></del>	
Enter new mailing address, if applicable:	AOV)	
(Mailing address MAY BE A POST OFFICE B	<u>(OX</u> )	
. If amending the registered agent and/or regist	tered office address in Florida, e	nter the name of the
new registered agent and/or the new registere		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
		, Florida
	(Cini)	(Zip Code)
	(City)	
 Pw Registered Agent's Signature if changing Re	, ,	
ew Registered Agent's Signature, if changing Researchereby accept the appointment as registered agents its object.	egistered Agent:	ept the obligations o
ereby accept the appointment as registered age sition.	egistered Agent:	

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1) <u>P</u>	DONNA BOWES	13	38 SW BAYSHORE BLVD	
-7 <u></u>		POI	RT ST. LUCIE, FL 34983	
2) <u>V</u>	COLLIN ROPER		3 SW BAYSHORE BLVD	
		<u> POF</u>	IT ST. LUCIE, FL 34983	
3) <u>S</u>	NORMA JONES		S SW BAYSHORE BLVD	
		POR	r ST. LUCIE, FL 34983	
4) <u>†</u>	MARVIN EDWARDS		8 SW BAYSHORE BLVD	
5) <u>M</u>	STEPHEN WINT		S SW BAYSHORE BLVD	<del></del>
6) <u>M</u>	ELTON TUCKER	133	S SW BAYSHORE BLVD T ST. LUCIE, FL 34983	
If REMOVING removed:	an officer and/or director, pleas	e list the title(s	and name of the officer/d	rector to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1) <u>P</u>	DELROY BRACKETT	4)		<del></del>
2)		5)		
3)		6)		<u></u>

The date of each amendmen	t(s) adoption: 11/1/11
	(date of adoption- required)
Effective date if applicable:	11/1/11
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or n adopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated_11/1	/11
Signature _	Adria Alan
(B <sub>3</sub>	the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator - if in the hands of a receiver, trustee, or
oth	er court appointed fiduciary by that fiduciary)
	DONNA BOWES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Page 4 of 4