N11539

(Re	equestor's Name)	
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R. HUNT 12/04/23

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this mate	ter to the following:			
William David Smith				
	(Name of Contact Pe	rson)		
NCOA Gateway Chapter 6.4.6, Inc.				
	(Firm/ Company	')		
8624 Broad St.				
	(Address)			202
New Port Richey, FL 34654				2023 DE¢
	(City/ State and Zip G	Tode)		<u>1</u> -
dasmith2020@yahoo.com				
E-mail address: (to be use	d for tuture annual rep	ort notification	1)	PH 12: 40
For further information concerning this matter, please	e call:			o,
John F. Nebraski	at	615	969-6003	
(Name of Contact Person	n)	(Area Code)	(Daytime Telephone Numbe	·r)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of	State:	
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status		Certifi Certifi	ed Copy ional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Atr Div	eet Address lendment Secti vision of Corpo e Centre of T	rations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NCOA Gateway Chapter 6.4.6, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N11539 (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 Off Base Club, Inc. 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: (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

OFFISION OF COSPONATION

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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			2023 DEC
Remove 3) Remove Add Remove			or core or s
4) Change Add			72: 50
Remove			
5) Change Add			
Remove			·
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ig additional A ets. (f necessary)	rticles, enter change(s) here: . (Be specific)	
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The date of each amendment(s) ado	ntion:			ir i	ather	than the
date this document was signed.	p				, iiici	mun the
Effective date <u>if applicable</u> :	(no more than 90 do	nes attas anandman	t Gla data)	<u> </u>		
	(no more man so ac	ух анет атенатет	jne aare)			
<u>Note:</u> If the date inserted in this block document's effective date on the Department.	c does not meet the appli artment of State's record	icable statutory filings.	g requirements, this dat	te will not be lis	ted as	the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)					
☐ The amendment(s) was/were add was/were sufficient for approval		d the number of vote	es cast for the amendme	ent(s)		

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Dated	11/28/2023
Sionatur	D XEODZENTUVW150XZppspBptz
g.iacare	(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)
	William David Smith
	(Typed or printed name of person signing)
	House Chairman
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

eSignature Details

Signer ID: Signed by: Sent to email: IP Address: Signed at:

XEDDJck2UVw15DXZpjspBptz William David Smith dasmith2020@yahoo.com 47.205.148.239 Nov 28 2023, 12:14 pm EST