N1200000938

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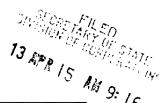
TO: Amendment Section

Division of Corporations •	
NAME OF CORPORATION: Acrea	ge Sports Association INC
DOCUMENT NUMBER: N120000	000938
The enclosed Articles of Amendment and fee ar	
Please return all correspondence concerning this	s matter to the following:
Kevin Taub	
	(Name of Contact Person)
Acreage Sports Assoc	ciation
	(Firm/ Company)
7040 Seminole Pratt \	Whitney Rd 25-166
	(Address)
Loxahatchee, FL 3347	70
	(City/ State and Zip Code)
kevin819@yma	ail.com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
Kevin Taub	at (954) 650-7362 (Area Code & Daytime Telephone Number
(Name of Contact Person)	(Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing F Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



Acreage Sports Associ		
rcieage opoits Associ	ation INC.	15 Als 9.
(Name of Corporation as curren	ntly filed with the Florida Dept. of St	ate)
N12000000938		
(Docum	ent Number of Corporation (if known)	
rsuant to the provisions of section 61 nendment(s) to its Articles of Incorpor		Not For Profit Corporation adopts the following
If amending name, enter the new	name of the corporation:	
		The ne
me must be distinguishable and conta Company" or "Co." may not be used		orated" or the abbreviation "Corp." or "Inc.
		
Enter new principal office address rincipal office address MUST BE A		
mespai office address <u>most bit A</u>	<u> </u>	
		
Enter new mailing address, if app (Mailing address MAY BE A POST		
(Mailing address <u>MAY BE A POST</u>	T OFFICE BOX)	orida, enter the name of the
(Mailing address <u>MAY BE A POST</u>	and/or registered office address in Fl	orida, enter the name of the
(Mailing address MAY BE A POST	and/or registered office address in Flew registered office address:	orida, enter the name of the
(Mailing address MAY BE A POST) If amending the registered agent a new registered agent and/or the n	and/or registered office address in Flew registered office address:	
Mailing address MAY BE A POST If amending the registered agent a new registered agent and/or the n Name of New Registered Agen	and/or registered office address in Flew registered office address: Kevin Taub	ney Rd 25-166
If amending the registered agent a new registered agent and/or the n	and/or registered office address in Flew registered office address: Kevin Taub 7040 Seminole Pratt Whit	ney Rd 25-166 ess)
(Mailing address MAY BE A POST) If amending the registered agent a new registered agent and/or the n Name of New Registered Agen	and/or registered office address in Flew registered office address: Kevin Taub 7040 Seminole Pratt Whit	ney Rd 25-166

Page 1 of 4

Signature of New Registered Agent, if changing

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	<u>V</u> Mike	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	William J Penypacker	7040 Seminole Pratt Witney Rd Suite 25-166
X Remove			Loxahatchee, FL 33470
2) Change	<u>P</u>	John McCarthy	7040 Seminole Pratt Whitney Rd
X			25-166
Remove			Loxahatchee, FL 33470
3) Change	<u>T</u>	Kevin Taub	7040 Seminole Pratt Whitney Rd
X			25-166
Remove			Loxahatchee, FL 33470
4) Change			
Add			
Remove			
5) Change			, , , , , , , , , , , , , , , , , , ,
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article IX
Dissolution Clause
Upon the dissolution of this organization, assets shall be distributed
for one or more exempt purposes within the meaning of 501(c)(3)
of the Internal Revenue Code, or corresponding section of any future
federal tax code, or shall be distributed to the federal government, or
to a state or local government, for a public purpose.

The	late of each amendment(s) adoption: 4/12/13	
Effe	tive date if applicable: 4/12/13	
	(no more than 90 days after amendment file date)	•
Ada	tion 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 4/12/13 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)	
	Kevin Taub	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	