## N12000001088

| · (Re                   | questor's Name)          |             |
|-------------------------|--------------------------|-------------|
| (170                    | questor s Marrie)        |             |
|                         |                          |             |
| (Ad                     | dress)                   |             |
|                         |                          |             |
| (Ad                     | ldress)                  |             |
|                         |                          |             |
|                         | ty/State/Zip/Phone       | - 40        |
| (CII                    | ty/State/Zip/Pnon        | e #)        |
|                         | □ \A/AIT                 | ☐ MAN!!     |
| ☐ PICK-UP               | MAIT                     | MAIL        |
|                         |                          |             |
| (Bu                     | siness Entity Nar        | ne)         |
| ·                       | -                        |             |
|                         | arres a má Nicosa ha a s |             |
| (DC                     | cument Number)           |             |
|                         |                          |             |
| Certified Copies        | _ Certificates           | s of Status |
|                         |                          |             |
|                         | F'' O'''                 |             |
| Special Instructions to | Filing Officer:          |             |
|                         |                          |             |
|                         |                          |             |
|                         |                          | ,           |
|                         |                          |             |
|                         |                          |             |
|                         |                          |             |
|                         |                          |             |
| L                       |                          |             |

Office Use Only



400292495014

11/21/16--01020--013 \*\*35.00

2016 DEC -5 PH 3: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

DEC - 5 2016

I ALBRITTON

## **COVER LETTER**

| Division of Corporations  |
|---|
| NAME OF CORPORATION: AUGA PORK Champions Club INC   |
| DOCUMENT NUMBER: N1200001088  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Devon P. Donald Son (Name of Contact Person)  |
|   |
| (Firm/ Company)   |
| 120 S. Aroka Are (Address)  |
| (Address)   |
| Avon Park Fl 33825  |
| (City/ State and Zip Code)  |
| dpd@geodevinc.net E-mail address: (to be used for future annual report notification)  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Deron Donaldon at 8634532335  |
| (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  \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed) |
| Mailing Address Street Address  |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



November 23, 2016

DEVON P. DONALDSON 120 S. ANOKA AVE AVON PARK, FL 33825

SUBJECT: AVON PARK CHAMPIONS CLUB, INC.

Ref. Number: N12000001088

We have received your document for AVON PARK CHAMPIONS CLUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 816A00025135



## **Articles of Amendment**

to
Articles of Incorporation
of

| (Name of Corporation as t  | currently theu with the r  | ioriua Dept. of State)                       |             |
|--|----------------------------|--|-------------|
| NIZ  | 000001                     | 1027   |             |
| (Document  | Number of Corporation (    | if known)                                    |             |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not | For Profit Corporation adopts the follow     | ing         |
| A. If amending name, enter the new name of the con   | rporation:                 | , TI   |             |
| name must be distinguishable and contain the word "co  | orporation" or "incorpore  | The name at the abbreviation "Corp." or "Inc |             |
| "Company" or "Co." may not be used in the name.  |                            | Δ.   |             |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD   |                            | 5. Lake Ave                                  | <del></del> |
| i i incipul office uuuress <u>most be A StREET ADD.</u>  | HC17                       | Park FL 338                                  | <u>9</u> 2  |
|  |                            |  | <del></del> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX                 | 0 1185                     | Lake Are                                     |             |
|  | Ayou                       | Park FL 338                                  | 15          |
|  |                            |  |             |
| D. If amending the registered agent and/or registere   | ed office address in Flori | da, enter the name of the                    |             |
| new registered agent and/or the new registered of  |                            |  |             |
| Name of New Registered Agent:  | AN                         |  |             |
|  |                            |  | <del></del> |
| <del></del>  |                            | (Florida street address)                     |             |
| New Registered Office Address:   |                            |  |             |
|  | •                          | , Florida                                    |             |
|  | (City)                     | (Zip Code)                                   |             |
| New Registered Agent's Signature, if changing Regi   | stered Agent:              |  |             |
| l hereby accept the appointment as registered agent.   |                            | ept the obligations of the position.         |             |
|  |                            | <b>2816</b><br>TALUA                         |             |
|  | Signature of New Re        | rgistered Agent, if changing 7               | 17          |
|  | Page 1 of 4                |  | 7           |

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<br>Jones<br>Smith |  |
|----------------------------------|--------------|-----------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>           | <u>Addres</u> s                            |
| 1) <u>×</u> Change Add           | Pres         | Ronnie Jackson        | 2840 N. Lancaster RQ<br>Avon Park Fl 33825 |
| Remove                           |              |                       |  |
| 2) <u>V</u> Change               | Treas        | Charles Devlin        | 118 S. Lake Ade<br>Avonfork FL 33825       |
| Remove  3 ) X Change  Add        | VP           | Drug Lamler           | Sai Loke Angalo Dr<br>Avontant FC 33825    |
| Remove 4) Change Add             | Sec          | Stephanie Davlin      | 118 S. Lake Ave<br>Avon Park FL 33825      |
| Remove                           |              |                       |  |
| 5) Change                        |              |                       |  |
| Add                              |              |                       |  |
| 6) Change                        |              |                       |  |
| Add                              |              |                       | <del> </del>                               |
| Remove                           |              |                       |  |

| E. If amending or adding additional Art (atlach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |   |             |
|---|--|---|-------------|
|   |  |   | 1           |
|   |  |   |             |
| NIA   |  |   |             |
|   |  |   |             |
|   | ·  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  | · · · · · · · · · · · · · · · · · · ·   |             |
|   |  | · · · · · · · · · · · · · · · · · · ·   |             |
|   |  |   |             |
|   |  | , | <del></del> |
|   |  |   |             |
|   |  |   |             |
|   |  |   |             |
|   |  | · ·                                     |             |

|      | date of each amendment(s) add   | option: 1212/16  | , if other than the                               |
|------|---|--|---|
| late | e this document was signed  | 15/5/  |   |
| Effe | ective date <u>if applicable</u> :  | 12/2/16  |   |
|      |   | (no more than 90 days after amendment )  | nie aate)   |
|      | e: If the date inserted in this bloc<br>ument's effective date on the Dep |  | requirements, this date will not be listed as the |
| Ado  | option of Amendment(s)  | (CHECK ONE)  |   |
| ₽′   | The amendment(s) was/were add was/were sufficient for approval            | opted by the members and the number of votes.  | cast for the amendment(s)                         |
|      | There are no members or members adopted by the board of director          | ers entitled to vote on the amendment(s). The ares.  | amendment(s) was/were                             |
|      | Dated   | 2/2/16   |   |
|      | Signature   | Stephie  |   |
|      | have not been   | nan or vice chairman of the board, president or<br>n selected, by an incorporator if in the hands<br>ppointed fiduciary by that fiduciary) |   |
|      |   | Stephanie Do V<br>(Typed or printed name of perso  | n signing)  |
|      |   | Secretary  |   |
|      |   | (Title of person signi   | ng)   |