# 142000005846

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





200236222182

08/20/12--01002--005 \*\*35.00



And 12

### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: WE ARE 5533 STRONG, INC.

Name of Corporation

**DOCUMENT NUMBER** 

N12000005846

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARLIETA C LASSITER

Name of Contact Person

WE ARE 5533 STRONG, INC.

Firm/Company

PO Box 1368

Address

ELFERS FL 34680

City/State and Zip Code

martylass@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlieta (Marty) Lassiter

727 (243

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CC

### **Articles of Amendment Articles of Incorporation** of

2812 AUG 20 PM 4: BI

## WE ARE 5533 STRONG, INC.

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

N12000005846

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		s, this Florida Not For Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name	of the corporati	on;	
	· · · · · · · · · · · · · · · · · · ·		The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the		ion" or "incorporated" or the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		WE ARE 5533 STRONG, INC.	
		9457 Nile Dr. c/o (Lassiter)	
		New Port Richey, Fl 34655	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		WE ARE 5533 STRONG, INC.	
		PO Box 1368	
		ELFERS FL 34680	
D. If amending the registered agent and/o new registered agent and/or the new re		e address in Florida, enter the name of the	
٨	Marlieta La	<del></del>	
Name of New Registerea Agent:	9457 Nile Drive, New Port Richey, Fl 34655-1668		
_		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registere		Agent: miliar with and accept the obligations of the position.	
47	Parliota)	Lassiter	
Signal	ture of New Regis	tered Agent, if changing	

Page 1 of 4

# 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 <math>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> <u>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	T	Marlieta Lassiter	Marty Lassiter
X			9457 Nile Dr
Remove			New Port Richey FI 34655-1668
2) Change	V	Bill Gillies	Bill Gillies
X	<del></del>		9841 Alvernon Dr
Remove			New Port Richey, Fl 34655
3) Change	TR	Robert P. Rock	Robert Rock
X	<del></del>		9417 Stonewall LN
Remove			New Port Richey, Fl 34655
4) Change	TR	ELd <i>red</i> Charles <del>Elred</del>	Eldred Mcl Charles Elred
X Add			9824 Kings Port Av
Remove			New Port Richey, Fl 34655
5) Change	TR	Jan Malafronte	Jan Malafronte
X Add			4816 Fort Peck RD
Remove			New Port Richey, Fl 34655
6) Change	TR	Jeremy Slater	Jeremy Slater
X Add			3152 Little Rd #166
Remove			New Port Richey, FI 34655

(att	(attach additional sheets, if necessary). (Be specific)		
Add	TR	Chuck Nelson	Chuck Nelson, 9125 Sacramento Dr, New Port Richey, Fl 34655
Add	TR	James Strachan	James Strachan, 4400 Fort Shawn Dr, New Port Richey, Fl 34655
		· · · · · · · · · · · · · · · · · · ·	

The	e date of each amendment(s) adoption: July 20, 2012
Eff	ective date if applicable:
	(no more than 90 days after amendment file date)
Ad	option 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 July 28, 2012
	Signature Marketa Sassitiv, agent/Treasurar
	(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)
	Marlieta Lassiter
	(Typed or printed name of person signing)
	Agent, Treasurer
	(Title of nerson signing)