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SECRETARY OF STATEONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations	•	
NAME OF CORPORATION: DEVINE MER	CY SOCCER CLI	JB OF MERRITT ISLAND
DOCUMENT NUMBER: N12000006	3100	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
RON MUELLER		
	(Name of Contact Person	1)
·	(Firm/ Company)	
1349 SANIBAL LANE	•	
	(Address)	
MERRITT ISLAND, FL 3	2952	
	(City/ State and Zip Cod	e)
VICKI@RUNYAN		
E-mail address: (to be used	•	notification)
For further information concerning this matter, please	call:	
VICTORIA COOPER	321_	784-4515 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$		☐\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of



DEVINE MERCY SOCCER CLUB OF	F MERRITT ISLAND INC
(Name of Corporation as currently filed with the Flor	rida Dept, of State)
N12000006100	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
DIVINE MERCY SOCCER CLUB OF	MERRITT ISLAND INC
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be use <mark>d in the name</mark> .	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
-	
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	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	iaress;
Name of New Registered Agent:	
	Florida street address)
New Registered Office Address:	To had by cer addressy
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	
hereby accept the appointment as registered agent. I am fam	illiar with and accept the obligations of the position.

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 A Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIRECTOR	CHRISTA CASLETON	3995 DUNDEE DRIVE
X Add			MERRITT ISLAND, FL
Remove		•	32953
2) Change	TREASURER	CARLOS LOPEZ	3441 TIPPERARY DRIVE
X Add	·- 		MERRITT ISLAND FL
Remove			32953
3) Change	DIRECTOR	PATRICK MILON	4765 MURCOTT AVE
X Add			MERRITT ISLAND FL
Remove		•	32953
4) Change	DIRECTOR	JENNIFER SHOCKLEY	374 DRYDEN CIRCLE
X Add			COCOA FL 32926
Remove			
5) Change			<u> </u>
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

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The	date of each amendment(s) adoption: 8/17/12
	ective date if applicable: 8/17/12
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
Ø	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 11/20/12 Signature F Mueller
	(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)
	RON MUELLER
	(Typed or printed name of person signing) PRESIDENT
	(Title of person signing)