

N120000006360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

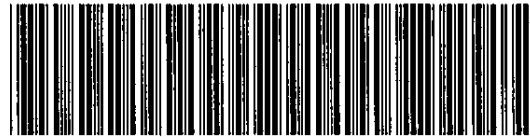
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amns

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2013 JAN 16 PM 4:17
STATE OF NEW YORK
CLERK OF THE COURT

(JAN 16 2013

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2012

JEFF T. BARTLING
2170 MAIN ST STE 404
SARASOTA, FL 34237

SUBJECT: XPX TAMPA BAY, INC.
Ref. Number: N12000006360

We have received your document for XPX TAMPA BAY, 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.

Tina Roberts
Regulatory Specialist II

Letter Number: 012A00028609

RECEIVED
13 JAN 16 AM 11:47
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: XPX Tampa Bay, Inc.

DOCUMENT NUMBER: N12000006360

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Richardson Mauro
(Name of Contact Person)

(Firm/ Company)

2188 Fawn Ln
(Address)

Spring Hill FL 34608
(City/ State and Zip Code)

Kathrich@tampabay-fl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Richardson Mauro at (352) 263-4753
(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 ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Already sent

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
2013 JAN 16 PM 4:17
SECRETARY OF STATE
TAMPA, FLORIDA

XPX Tampa Bay, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N12000006360

(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:

N/A The new 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)

100 S Ashley Drive
Suite 1650
Tampa, FL 33602

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

100 S Ashley Drive
Suite 1650
Tampa, FL 33602

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: Will Rodriguez

100 S Ashley Drive Suite 1650
(Florida street address)

New Registered Office Address:

Tampa Florida FL 33602
(City) (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.

X Will Rodriguez
Signature of _____ ing

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>VP</u>	<u>Rosemary D. Brehm</u>	<u>2872 Glen Hollow Dr.</u> <u>Clearwater, FL</u> <u>33761</u>
2) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Michael C VALDEZ</u>	<u>2904 Magdalene Woods Dr</u> <u>Tampa FL</u> <u>33618</u>
3) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>T</u>	<u>Will Rodriguez</u>	<u>11443 57th St E</u> <u>PARRISH, FL</u> <u>34219</u>
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)

N/A

The date of each amendment(s) adoption: 11/1/13

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption 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 11/1/13

Signature Kathleen Richardson Mauro

(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)

Kathleen Richardson Mauro

(Typed or printed name of person signing)

President

(Title of person signing)