## 113000000775

(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:

Office Use Only



800260538788

06/02/14--01028--004 \*\*70.00

PILED

2014 JUN-3 A 4: 38

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JUN 1 2 2015

LEMIEUX

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: BRADFORD	PARENTS ATI	HLETIC ASSOCIATION
DOCUMENT NUMBER: N13000000	775	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
BRAD CHAPMAN		
	(Name of Contact Person	n)
BRADFORD PARENTS	ATHLETIC	ASSOCIATION
	(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·
24803 NE 247TH PLACE	<b>=</b>	
	(Address)	,
RAIFORD, FLORIDA 320	083	
(	(City/ State and Zip Cod	e)
BRADFORDPARE		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please of	eall:	
MALENA HANSON	<sub>at</sub> 904	769-6722
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

## BRADFORD PARENTS ATHLETIC ASSOCIATION

(Name of Corporation as currently filed with the Flo N1300000775	orida Dept. of State)		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpo</i>	ration adopts the fo	ollowir
A. If amending name, enter the new name of the corporat	tion:		
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name	ution" or "incorporated" or the abbre	viation "Corp." or	The nev
B. Enter new principal office address, if applicable:		<del>-</del> -1	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	SECKE	
			201 AND TODAY
C. Enter new mailing address, if applicable:		SEC 3	
(Mailing address MAY BE A POST OFFICE BOX)			-
		8F #	The same of the sa
		)* Ø	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		e of the	
Name of New Registered Agent:	audress:		
New Registered Office Address:	(Florida street address)		
	, Florida		
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		of the position.	
Signature of New	Registered 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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>T</u>	PATRICIA K COOK	12519 SW CR 18 BROOKER, FL. 32622
X Remove			
2) Change	<u>T</u>	MALENA HANSON	304 N ORANGE ST
X Add			STARKE, FL.32091
Remove 3) Change	S	JULIE MARTIN	4447 NW 173RD ST
Add			STARKE, FL. 32091
X Remove			
4) Change	<u>s</u>	STEPHANIE GRIFFIS	4556 SE 83RD ST
X Add			STARKE, FL. 32091
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding attach additional sheets,	if necessary). (B	e specific)			
			<del> </del>		
	<del> </del>				
					<del></del>
			<u> </u>		
	· ·	<del> </del>			•
		<u> </u>	<del>.</del>		
•					
-					
				· · · · · · · · · · · · · · · · · · ·	
			<del></del>		

	this document was signed.		, if other than the
Eff	ective date if applicable:		
	()	no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (	CHECK ONE)	
	The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes east for the amendment(s)	
	There are no members or members enti- adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were	
	Dated 5/27/2014		
	Signature Dod (	Rapman	
	have not been select	vice charman of the board, president or other officer-if directors led, by an incorporator – if in the hands of a receiver, trustee, or led tiduciary by that fiduciary)	_
	BRAD CHAPM	AN	
	(Typed	or printed name of person signing)	
	PRESIDENT		
		(Title of person signing)	