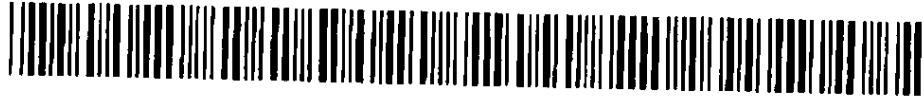


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.
Account Number : 120050000159
Phone : (772)231-4440
Fax Number : (772)231-4430

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ttierney@rosswayswan.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
INDIAN RIVER SOCCER ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

2023 Jul 24 AM 11:13

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Indian River Soccer Association, Inc.

DOCUMENT NUMBER: N13220

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

Please return all correspondence concerning this matter to the following:

Thomas W. Tierney

(Name of Contact Person)

Rossway Swan Tierney Harry & Oliver, P.L.

(Firm/ Company)

2101 Indian River Blvd., Suite 200

(Address)

Vero Beach, FL 32960

(City/ State and Zip Code)

ttierney@rosswayswan.com

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

For further information concerning this matter, please call:

Thomas W. Tierney

772

231-4440

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

Indian River Soccer Association, Inc.

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

N13220

(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:

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**)*

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.

Signature of New Registered Agent, if changing

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	Tom Tierney	P.O. Box 650611 Vero Beach, FL 32965-0611
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Thomas W. Tierney	P.O. Box 650611 Vero Beach, FL 32965-0611
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Alex Introcaso	P.O. Box 650611 Vero Beach, FL 32965-0611
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Alexander A. Introcaso	P.O. Box 650611 Vero Beach, FL 32965-0611
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	Past P	Larry Reisman	P.O. Box 650611 Vero Beach, FL 32965-0611
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Past P	Laurence Reisman	P.O. Box 650611 Vero Beach, FL 32965-0611

See items 7) through 10) on Continuation Sheet attached hereto.

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

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- ☐ 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 07/24/2023

Signature

Thomas W. Tierney

(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)

Thomas W. Tierney, f/k/a Tom Tierney

(Typed or printed name of person signing)

President

(Title of person signing)

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Continuation Page

Section D

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <input checked="" type="checkbox"/> Remove	T	Jeb Hudson	P.O. Box 650611 Vero Beach, FL 32965-0611
8) <input checked="" type="checkbox"/> Add	T	John B. Hudson, Jr.	P.O. Box 650611 Vero Beach, FL 32965-0611
9) <input checked="" type="checkbox"/> Remove	S	Char Higgins	P.O. Box 650611 Vero Beach, FL 32965-0611
10) <input checked="" type="checkbox"/> Add	S	Charlotte K. Higgins	P.O. Box 650611 Vero Beach, FL 32965-0611

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