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COVER LETTER

TO: Amendment Section . **Division of Corporations**

>

NAME OF CORPORATIO	TRINITY ODESSA (CHAMBER OF COM	IMERCE INC	· ·	
	1400000784				
DOCUMENT NUMBER: _				• • • • • • •	
The enclosed Articles of Ame	ndment and fee are subm	nitted for filing.			
Please return all corresponden	ice concerning this matter	to the following:			
DANIEL SULLIVAN					
		Name of Contact Per	rson)		
TRINITY ODESSA CHAME	BER OF COMMERCE IN	1C.			
		(Firm/ Company)			
16540 POINTE VILLAGE D	RIVE SUITE 105				
		(Address)			
LUTZ, FL 33558					
	(City/ State and Zip C	ode)	•	
DAN@TRINITYODESSA.C	ОМ				
E-r	mail address: (to be used	for future annual repo	ort notification	1)	
For further information concer	rning this matter, please o	all:			
DANIEL SULLIVAN			(727)	992-1491	
(1	Name of Contact Person)			(Daytime Telephone	Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida D	epartment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee loate of Status led Copy lional Copy lion	
Mailing Ad	drass	C4-ua	ot Addwood		

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



TRINITY ODESSA CHAMBER OF COMMERCE INC.

16 AUG -3 PH 3: 44

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N14000000784	TĂĔ LAKTEASS LO PLOTRO
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
GREATER PASCO CHAMBER OF COMMERCE INC.	The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:	16540 POINTE VILLAGE DRIVE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 105
	LUTZ, FL 33558
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16540 POINTE VILLAGE DRIVE
	SUITE 105
	LUTZ, FL 33558
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent:	
16540 PO	INTE VILLAGE DRIVE SUITE 105
New Registered Office Address:	(Florida street address)
LUTZ	. Florida 33558
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Si	gnature 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 X_Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D C	KELLEY, MICHAEL	16540 POINTE VILLAGE DR
Add			SUITE 105
Remove			LUTZ, FL 33558
2) X Change	D CE	DEWEERD, DAVID	16540 POINTE VILLAGE DR
Add			SUITE 105
Remove			LUTZ, FL 33558
3) X Change	D VC	HARRIS, GABY	16540 POINTE VILLAGE DR
Add			SUITE 105
Remove			LUTZ, FL 33558
4) Change	D CE	TODD PILLARS	
Add X Remove			
5) Change	DS	CHRISTOPHER DUNNING	16540 POINTE VILLAGE DR
X Add			SUITE 105
Remove			LUTZ, FL 33558
6) Change	DC	MICHAEL COX	
Add			
X Remove			

attach additional sheets, if necessary).	(Be specific)				
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* • •	JULY 27, 2016	
The date of each amendalate this document was significant.	nent(s) adoption:	, if other than th
Effective date <u>if applical</u>	ole:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	t be listed as the
Adoption of Amendmen	(CHECK ONE)	
The amendment(s) was/were sufficient f	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Ju Dated	ULY 27, 2016	
Signature	MANUA /Mal/	
h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
	MICHAEL KELLEY	
	(Typed or printed name of person signing)	
	CHAIRMAN	
	(Title of person signing)	