N 1400000 8087

| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | _ Certificates | s of Status |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | Florida West Coast C | onference dba Eagle | s Athletic Asso | ociation |
|-----------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------|------------------------------------------------------------|
| DOCUMENT NUMBER: | N14000008087 | | | |
| The enclosed Articles of An | nendment and fee are subm | litted for filing. | | |
| Please return all correspond | ence concerning this matter | to the following: | | |
| Bruce M. Cody | | - | | |
| | | (Name of Contact Pe | rson) | |
| Florida West Coast Confere | ence dba Eagles Athletic As | ssociation | | |
| | 1449-2244-24-14-44-4-4-24-14-14-14-14-14-14-14-14-14-14-14-14-14 | (Firm/ Company |) | |
| 4411 Mongite Road | | | | |
| | | (Address) | | |
| North Port, Florida 34287 | | | | |
| | (| City/ State and Zip C | Code) | |
| coachcody56@yahoo.com | | | | |
| | -mail address: (to be used | for future annual rep | ort notification |) |
| For further information con- | cerning this matter, please of | all: | | |
| Bruce M. Cody | | at | 941 | 204-9040 |
| <u> -, </u> | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the | following amount made pay | vable to the Florida D | epartment of | State: |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & I Certificate of Status | 3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certifi Certifi | O Filing Fee cate of Status ed Copy ional Copy is |

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

| Florida West Coast Conference dba Eagles Athletic As | ssociation | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| (Name of Corporation as o | currently filed with the Florida Dep | |
| Florida West Coast Conference dba Eagles Athletic Association | | |
| (Document | Number of Corporation (if known) | الله الله الله الله الله الله الله الله |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Profit | Corporation adopts the following |
| A. If amending name, enter the new name of the cor | poration: | |
| | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or "incorporated" or the | abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | 2472 Frankfort Court | |
| (Principal office address MUST BE A STREET ADD) | | ······································ |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 2472 Frankfort Court | |
| | North Port, Florida 34288 | |
| | | |
| D. If amending the positioned agent and/or registered | nd affine address in Florida, autor th | o name of the |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered or | | e name of the |
| Name of New Registered Agent: | | |
| | | |
| | (Florida stree | et address) |
| New Registered Office Address: | | |
| 24 | 72 Frankfort Court, North Port | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regi | | |
| I hereby accept the appointment as registered agent. I | am familiar with and accept the oblig | gations of the position. |
| | | |
| - | Signature of New Registered Age | ent if changing |
| | Digitature of New Negistered Age | om, y chunging |

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>M</u> | hn Doe ike Jones ily Smith | |
|-----------------------------------|-------------------|----------------------------------|-------------------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | S | Danzey Allen | 17860 Murdock Circle Apt 106 |
| Add | | | Port Charlotte, Florida 33948 |
| XX Remove | | | |
| 2) Change | <u>v</u> | Jerry Alexatos | 8298 San Jacinto Avenue |
| Add | | | North Port, Florida 34287 |
| xx Remove | | | . |
| 3) Change | T | Amelia Leanna | 5632 Sylvania Avenue |
| Add | | | North Port, Florida 34291 |
| XX Remove | | | |
| 4) Change | AD | James Jensen | 4278 Kinlock Street |
| Add | | | North Port, Florida 34286 |
| XX Remove | | | |
| 5) Change | AD | Allen Mason | 4232 Rifkin Road |
| XX Add | | | North Port, Florida 34291 |
| Remove | | | |
| 6) Change | TR | Bruce M. Cody | 2472 Frankfort Court |
| XX Add | | | North Port, Florida 34288 |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| rustee Bruce M Cody/ ALSO LIST BRUCE M CODYAS PARLIMENTARIAN AS STATED IN THI | E BY-LAWS AND | |
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| 9/1/2015 | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
| 9/1/2015 Effective date <u>if applicable</u> : | |
| , (no more th | an 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet t document's effective date on the Department of State's | he applicable statutory filing requirements, this date will not be listed as the records. |
| Adoption of Amendment(s) (CHECK | ONE) |
| The amendment(s) was/were adopted by the mem was/were sufficient for approval. | bers and the number of votes cast for the amendment(s) |
| There are no members or members entitled to vote adopted by the board of directors. | e on the amendment(s). The amendment(s) was/were |
| 9/1/2015 Dated | |
| Signature Brun | m Carely |
| | nan of the board, president or other officer-if directors incorporator — if in the hands of a receiver, trustee, or y by that fiduciary) |
| BRUCE M CODY | |
| (Ту | ped or printed name of person signing) |
| BRUCE M CODY | PRESIDENT/ FOUNDER |
| | (Title of person signing) |