

N140000009478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

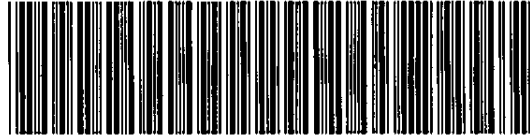
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Jennifer Sharp  
advised to make  
all corrections  
3/18/15 @ 10

Office Use Only



200269888632

02/25/15--01016--006 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAR 18 AM 10:39

Amend/cc  
@ 3.18.15

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **CHARITY POLO CLASSIC, INC**

DOCUMENT NUMBER: **N14000009478**

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

Please return all correspondence concerning this matter to the following:

**JENNIFER SHARP**

(Name of Contact Person)

**CHARITY POLO CLASSIC, INC**

(Firm/ Company)

**1936 BRUCE B DOWNS #328**

(Address)

**WESLEY CHAPEL, FL. 33543**

(City/ State and Zip Code)

**JENNIFERS@MORGANAUTOGROUP.COM**

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

For further information concerning this matter, please call:

**JENNIFER SHARP**

(Name of Contact Person)

at **813 525-8610**

(Area Code & Daytime Telephone Number)

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2015

JENNIFER SHARP  
CHARITY POLO CLASSIC, INC.  
1936 BRUCE B. DOWNS #328  
WESLEY CHAPEL, FL 33543

SUBJECT: CHARITY POLO CLASSIC, INC  
Ref. Number: N14000009478

We have received your document for CHARITY POLO CLASSIC, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Presently it is unclear as what your intentions are in filing this document. You have listed changes in the officer/director field that don't list an officer but reference an Article number, which is incorrect.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 715A00004150

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAR 18 AM 10:39

CHARITY POLO CLASSIC, INC

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

N14000009478

(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:**

NOT APPLICABLE

*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)

NOT APPLICABLE

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

NOT APPLICABLE

**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:

NOT APPLICABLE

(Florida street address)

New Registered Office Address:

NOT APPLICABLE

, Florida

(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.*

\_\_\_\_\_  
*Signature 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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

**ARTICLE III -TO HOLD POLO EVENTS AND RAISE MONEY TO GIVE TO LOCAL CHARITIES.**

THIS COMPANY WILL HAVE NO EMPLOYEES AND THE ONLY EXPENSE WILL BE DIRECTLY RELATED TO THE EVENTS HELD.

SAID CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARTITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES,

INCLUDING , FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS

UNDER SECTION 501(C)(3) OF THE OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

ARTICLE VI- UPON THE DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT

PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL CODE, OR THE CORRESPONDING SECTION OF ANY

FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT ,

FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE

COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS THE LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH

ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PUPOSES.

The date of each amendment(s) adoption: 1/2/15, if other than the date this document was signed.

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 2/23/15

Signature [Signature]  
(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)

Jennifer Sharp  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)