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## **COVER LETTER**

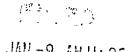
TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: WEEKI WACH	EE ANGLERS, INC.			
N14000010722 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			· <u>-</u> ··
Please return all correspondence concerning this	matter to the following:			
JOHN G. FUNK				
	(Name of Contact	Person)		
WEEKI WACHEE ANGLERS, INC.				
	(Firm/ Compa	ny)		
9075 PENELOPE DR.				
	(Address)			
WEEKI WACHEE, FL 34613				
	(City/ State and Zi	p Code)		
funkjohng65@gmail.com				
E-mail address: (10 be	used for future annual r	eport notifica	ion)	
For further information concerning this matter, pl	ease call:			
JOHN G. FUNK		217 at	454-2918	
(Name of Contact Pe	erson)	(Area Cod	e) (Daytime Telephone Nur	nber)
Enclosed is a check for the following amount made	de payable to the Florid	a Department	of State:	
\$35 Filing Fee \$\infty\$\$\$\infty\$	Certified Copy (Additional copy enclosed)	Ce y is Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is closed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	I	Street Addres Amendment So Division of Co Clifton Buildin	ection rporations	

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of



17 JAN -9 AH II: 36

WEEKI WACHEE ANGLERS, INC.		84 2 24	
(Name of Corporation	as currently filed with th	ne Florida Depti of State	
N14000010722			
(Docum	nent Number of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida I</i>	Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation:		
N/A		The new	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name			
B. Enter new principal office address, if applical	9075 PENELO	PPE DR.	
(Principal office address MUST BE A STREET A	DDDECC)	HEE, FL 34613	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I		OPE DR. HEE, FL 34613	
D. If amending the registered agent and/or regis	tered office address in Fl		
new registered agent and/or the new registere			
Name of New Registered Agent:	JOHN G. FUNK		
	9075 PENELOPE DR.		
New Registered Office Address:		(Florida street address)	
	WEEKI WACHEE	, Florida 34613	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		accept the obligations of the position.	
_	John 5.	Tink	
	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.

X Change X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	RONALD AUGER	7350 STAGHORN DRIVE
Add			SPRING HILL, FL 34607
X Remove			
2) Change	<u>P</u>	JOHN G. FUNK	9075 PENELOPE DR.
XAdd			WEEKI WACHEE, FL 34613
Remove 3) Change	v	ROB PAUL	12541 FAIRWAY AVE.
Add			BROOKSVILLE, FL 34613
X Remove			<del> </del>
4) Change	<u>v</u>	MARVIN FLIKKEMA	8100 MORELLI AVE.
X Add			BROOKSVILLE, FL 34613
Remove			
5) Change	<u>T</u>	JOAN BARRETT	4286 BLUEWATER AVE.
Add			SPRING HILL, FL 34606
X Remove			
6) Change	<u>T</u>	PATRICIA FLIKKEMA	8100 MORELLI AVE.
X Add			BROOKSILLE, FL 34613
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
<u> </u>				
			- <del> </del>	
			· · · · · · · · · · · · · · · · · · ·	

	date of each amen	· · · · · · · · · · · · · · · · · · ·	if other than the
	ective date if applic	01/01/2017 able:	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be te on the Department of State's records.	listed as the
Add	ption of Amendme	ent(s) ( <u>CHECK ONE</u> )	
<b>12</b> 2′	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no memi	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	01/06/2017	
	Signature	John tine	
		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)	
		JOHN G. FUNK	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	