

N14000011313

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JAN 27 2017
2017 JAN 27 PM 1:56

JAN 30 2017

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MSC Horse Shows Inc

DOCUMENT NUMBER: 114000011313

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

Please return all correspondence concerning this matter to the following:

Kelly Myers
(Name of Contact Person)

MSC Horse Shows Inc.
(Firm/ Company)

7770 SE 41st Ct
(Address)

Ocala, FL 34480
(City/ State and Zip Code)

MSCHorseshow@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Myers at 352 572-6147
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2017 JAN 27 PM 1:56

MSC Horse Shows Inc.

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

N14000011313

(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)

7770 SE 41st Ct
Ocala, FL 34480

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7770 SE 41st Ct
Ocala, FL 34480

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:

Kelly Myers

7770 SE 41st Ct

(Florida street address)

New Registered Office Address:

Ocala

(City)

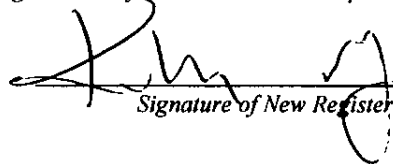
Florida

34480

(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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|-----------|-------------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>RA</u> | <u>Martha Delano</u> | <u>1200 East Hwy 329</u>
<u>Citra, FL 32113</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>P</u> | <u>Martha Delano</u> | <u>1200 East Hwy 329</u>
<u>Citra, FL 32113</u> |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u> | <u>Mary Beth Gentry</u> | <u>14051 NW Hwy 225</u>
<u>Reddick, FL 32686</u> |
| 4) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Lesley Dolan</u> | <u>2015 SE 32nd St</u>
<u>Ocala, FL 34471</u> |
| 5) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Kelly Myers</u> | <u>7770 SE 41st St</u>
<u>Ocala, FL 34480</u> |
| 6) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>G</u> | <u>Dawn Gibson</u> | <u>190 SE 34th St</u>
<u>Ocala, FL 34471</u> |

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

Add Madison County 95 GB
17051 N.W. Hwy 225
Reddick, FL 32686

The date of each amendment(s) adoption: _____
date this document was signed.

FILED if other than the
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____

1/1/2017

(no more than 90 days after amendment file date)

2017 JAN 27 PM 1:56

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.
- ☐ 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

1/17/2017

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)

Kelly Myers

(Typed or printed name of person signing)

President

(Title of person signing)