## 111500000413

(Re	questor's Name)	-
(Ad	dress)	<u></u>
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(Cit	ry/State/Zip/Phone	<del>e #)</del>
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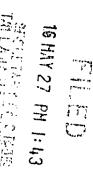
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JUN 01 2016 R. WHITE



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	im Team, Inc.	<b>b</b>
N15000000413		
DOCUMENT NUMBER:		<del> </del>
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Laura Schillo		
	(Name of Contact Person)	<u> </u>
Blue Tide Swim Team, Inc.		
	(Firm/ Company)	
101 Marketside Ave, Ste 404-184		
	(Address)	·
Ponte Vedra, FL 32081		
	(City/ State and Zip Code)	
treasurer@nocateebluetide.com		
E-mail address: (to b	pe used for future annual report notification)	
For further information concerning this matter,	please call:	
Laura Schillo	904 545-1305	
(Name of Contact I	Person) atat	e Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee Certificate of S	Fee & \$\sumsymbol{\subset}\$\$43.75 Filing Fee & \$\sumsymbol{\subset}\$\$\$152.50 Filing Fee Certificate of Status (Additional copy is enclosed) (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



Blue Tide Swim Team, Inc.

16 HAY 27 PM 1: 43

——————————————————————————————————————			2000年11月1日 中国 11月日
(Name of Corporation N15000000413	n as curren	tly filed with the Florid	la Dept. of State)
(Docu	ment Numb	er of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Flournendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For</i>	Profit Corporation adopts the followin
A. <u>If amending name, enter the new name of th</u> N/A	e corporati	ion:	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
	_	N/A	
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	N/A	
D. If amending the registered agent and/or regi	stered offic	e address in Florida, e	nter the name of the
new registered agent and/or the new register	red office a	ddress:	
Name of New Registered Agent:	N/A		
-	N/A	***	
N. B. J. J. 1000		(Flor	ida street address)
New Registered Office Address:			
	N/A		, Florida
		(City)	(Zip Code)
lew Registered Agent's Signature, if changing I	Registered .	Agent:	
hereby accept the appointment as registered agen	t. I am fan	niliar with and accept th	ne obligations of the position.
-	Si	gnature of New Register	ed Agent, if changing
		J	U / UO

## 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>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Carte, Michelle	189 Kenmore Ave
Add			Ponte Vedra, FL 32081
X Remove			
2) Change	D	Delayo, Jennifer	303 Woodland Greens Dr
X Add			Ponte Vedra, FL 32081
Remove	CEO	Smithers, Shannon	20 Oakwood Ct
3) Change			Jacksonville Beach, FL 32250
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A , , , , , , , , , , , , , , , , , , ,	
	·

	e date of each amendment(s) adoption:, is this document was signed.	it other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records.	isted as the
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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 5/25/2016 Signature Jama Schiello	
	(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)	
	Laura Schillo	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	