## M500003930

(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:			

Office Use Only



700305207647

11/09/17--01009--007 \*+35.00

E MANUE

FILED

17 NOV -8 PH I2: 55

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NORTH F	FLORIDA SPORTS ASSOCIATION, INC	
DOCUMENT NUMBER: NV 150000	393à	
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
LARRY R. OWENS	BY	
	Name of Contact Person)	
	(Firm/ Company)	
13453 NORTH MA	FN STREET SUITE 201	
	(Address)	
JACKSONVILLE,	FL 32218	
(0	City/ State and Zip Code)	
WESATAKA	CMATI . COM	
E-mail address: (to be used for	or future annual report politication)	
For further information concerning this matter, please ca	all:	
LARRY R. OWENSBY	at <u>904 - 993 - 2558</u> (Area Code) (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made paya	able to the Florida Department of State:	
Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

FILED 17 NOV -8 PM 12: 55

## Articles of Amendment to · Articles of Incorporation of

NORTH FLORIDA SPORTS ASSOCIATION, INC			
(Name of Corporation as currently filed with the Florida Dept. of State)			
N15 000000000000000000000000000000000000			
(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:			
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)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
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: LARRY R. OWENSBY			
Name of New Registered Agent: LARRY R. OWENSBY  13453 NORTH MAFN STEET DUITE D  (Florida street address)  New Registered Office Address:			
JACKSONVILLE         Florida         3 22 18           (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.			
Lang Rolling Community of New Registered Agents, if changing			
Signodure of New Registered Agenty, if changing			

Page 1 of 4

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 Doc se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	TORRANCE GARY	2039 SOUTEL DR SUITE! JAX 156 32248
2) Change Add Remove	2	LARRY (WENSBY	13453 NOWTH MAIN STREET SUITE 201 SAXJEL 37218
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additiona	adding additional Articles, enter change(s) here:  l sheets, if necessary). (Be specific)	
:	·	
	<u> </u>	
	<u> </u>	
<u> </u>		
·		
<u> </u>		
<u>.</u>		
<del></del>		
	1 0	
<del></del>	<del></del>	
<u> </u>		

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ig requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of vot was/were sufficient for approval.	es cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	e amendment(s) was/were
Dated <u>CC/Cber 31 2017</u> Signature X Lang Onen	
(By the chairman or vice chairman of the board, president have not been selected, by an incorporator — if in the hand other court appointed fiduciary by that fiduciary)	
(Typed or printed name of per	shy
Tresiden	eou 2tkunk)
(Title of person sig	ming)