

(Requestor's	Name)				
(Address)					
(Address)					
(City/State/Z	ip/Phone #)				
PICK-UP V	VAIT MAIL				
(Business E	ntity Name)				
(Document Number)					
Certified Copies Ce	rtificates of Status				
Special Instructions to Filing Off	icer:				
(A)					

Office Use Only



900314545169

06/18/18--01015--003 **85.00

TILE JUL 12 JA 9: 31
SECRETARY OF STATE
TAIL AHASSEE ELORIDA

JUL 13 Z018 S. YOUNG



June 20, 2018

HARVEY T ASHLEY 2800 NE 56TH STREET OCALA, FL 34479

SUBJECT: SOUTHERN SPORTSMEN WHITETAIL FOUNDATION, INC.

Ref. Number: N15000004496

We have received your document for SOUTHERN SPORTSMEN WHITETAIL FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 018A00012807

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Southern Sp	portsmen Whiteta	il Foundation
DOCUMENT NUMBER:	N150000044	496	
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.	
Please return all correspond	ence concerning this matter	r to the following:	
		rvey T. Ashlev	
	•	(Name of Contact Person	n)
		(Firm/ Company)	
	280	0 NE 56th Street	
		(Address)	
	0	cala, FL 34479	
		City/ State and Zip Cod	e)
	Harvei	1 - 1.0 1	notmail.com
2	-mail address: (to be used	or future annual report	notification)
For further information conc	erning this matter, please o	:all:	
Harvey T. A	shley	at	252-264 (Daytime Telephone Number)
	(Name of Contact Person)	(Aı	rea Code) (Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Depart	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing A	ddress	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

Southern Sportsmen Whitetail Foundation Inc

(Name of Corporation as currently filed with the Florida Dept. of State) N15000004496

(Document Number of Corporation (if known)

"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)	Harvey T. Ashley			
· • • • • • • • • • • • • • • • • • • •				
	- Ocala, FL 34479	•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Harvey T. Ashley		. ¥¥	18
(maining dadress <u>bird i ble A FOST OFFICE box</u>)	2800 NE 56th Street		PER SE	¥
	Ocala, FL 34479	:	SSE	12
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		name of the	FLOR	¥ 9: 3!
Name of New Registered Agent:	Harvey T. Ashley		() () () () () () () () () ()	; <u>3</u>
	2800 NE 56th Street			
New Registered Office Address:	(Florida street au	ldress)		-
	Ocala	, Florida	34479	
	(City)	(Zip C	ode)	

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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DT	Jim Huffman	2800 NE 56th Street
Add			Ocala, FL 34479
X Remove			
2) Change	<u> </u>	Bonnie Kash	2800 NE 56th Street
X_{Add}			Ocala, FL 34479
Remove			
3) Change	<u>.</u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			 .
Remove			
6) Change			
Add			
Remove			

(attach additi	onal sheets,	dditional Ai if necessary).	(Be spe	cific)						
•		-								
 _										
				•					· -	
							_			
-			•							
					•		 -		-	
	 -		<u>.</u>							
	·		• •							
<u> </u>		- .			 -	·	_ .			·
	 -							<u>-</u>		
			-						_	
								_		
			- <u></u>							
· 								· .		
<u></u>										<u> </u>
										 .

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
em	ective date if applicable:	
	(no more than 90 days after amendment file date)	
vot loc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rument's effective date on the Department of State's records.	listed as the
٨d٥	option 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	
	Signature Huver Gohley	
	(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)	
	Harvey T. Ashley	
	(Typed or printed name of person signing)	
	Tresidenth Director) Ohh len	
	(Title of person signing)	