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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAY AREA JUNIORS A WARCE INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
C () C () (
Stephen Shepherd (Name of Contact Person)
(Firm/ Company)
1392 F. vol 10 Co. 1
1393 Forest Lawn Court (Address)
Tacpon Socios Florida 34689
Tarpon Springs Florida 34689 (City/ State and Zip Code)
E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Shepherd at 727 215-8138 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status
Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Bay Area Juniors Al	liance	\mathcal{I}_r	∞			
(Name of Corporation as currently filed with the Florida	Dept. of Sta	<u>ite</u>)				
N15000	0047	799	7			
(Document Num	ber of Corpo	ration ((if known)		1	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Flor</i>	rida No	ot For Profit	Corporation	adopts th	ie following
A. If amending name, enter the new name of the corpora	ition:					
Coastal Volleyball Acade name must be distinguishable and entain the word "corpor "Company" or "Co," may not be used in the name.	ation or "in	nc. ncorpor	rated" or the	abbreviation	"Corp."	The new " or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u> </u>	··				
C. Enter new mailing address, if applicable:					•	7:35
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>		<u> </u>	1
						_ ' .
						.
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		in Flor	rida, enter t	he name of t	<u>he</u>	ئ
Name of New Registered Agent:	<u>.</u>					
New Registered Office Address:			(Florida stree	et address)		
				, Floric	10	
	(City)				o Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: amiliar with	and ac	vept the obli	gations of the	position.	
	Signature of	Nove Ri	paistared 4a	nt it chanvi		

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	PT John Do V Mike Jo SV Sally Sr	<u>ines</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove	 .		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee	g additional Artius, if necessary).	icles, enter change(s) here: (Be specific)	
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			· · · · · · · · · · · · · · · · · · ·
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		<u> </u>		
The date of each amendment(s) adoption: date this document was signed.	14/24			, if other than the
Effective date if applicable: 0/4/2	P4			
	e than 90 days after am	endment file date)	· .	
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	eet the applicable statute ate's records.	ory filing requirements	s, this date will no	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 914124
Signature (By the chailman 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)
Stephen Shepherd (Typed or printed name of person signing)
Executive Director
(Title of person signing)