N15000010393

(F	Requestor's Name)
(<i>f</i>	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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2021 1101 15 PF 12: 24

October 18, 2021

BARRY HORVATH 2150 SEVEN SPRINGS BLVD TRINITY, FL 34655 US

SUBJECT: WEST PASCO BUSINESS ASSOCIATION INC

Ref. Number: N15000010393

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 221A00025351

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

FILED

NIA	of	2021 NOV 15	AM 3: 4
Name of Corporation as currently filed with the Floric	la Dept. of State)	SECRETARY TALLAHASSE	OF STAI E. FLORI
(Document Nu	mber of Corporation (if knowr	<u>. </u>	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Pro	ofit Corporation adopts the following	
. If amending name, enter the new name of the corpo		The new	
came must be distinguishable and contain the word "corpo Company" or "Co," may not be used in the name.	oration" or "incorporated" or [A]	the abbreviation "Corp." or "Inc."	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>(211)</u>		
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.		er the name of the	
Name of New Registered Agent:	1/1/1/		
New Registered Office Address:	(Florula	street address)	
<u> </u>		Florida	
	(City)	(Zip Code)	
Sew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	TREASULEY	JANEE TROMPSON	2150 SEVEN SPRINGS BLVD TRINITY, FL 34655
x Remove 2) Change Add	TREASUITET	JOANNA DELUÇA	2280 NO NO CY Vinciand, Ni Ordo
Remove 3) Change Add Remove			
4) Change Add			
Remove 5)Change Add Remove			
6) Change Add Remove			
E. If amending or addin (attach additional sheet		vles, enter change(s) here: (Be specific)	

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(\	
The date of each amendment(s) adoption:	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requires	ments, this date will not be listed as the

<u>Note:</u> 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.

Dated	10/7/21
Signature	By the chairman of 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) BARRY HORVATH
	(Typed or printed name of person signing)

(Title of person signing)