

N1160000003834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

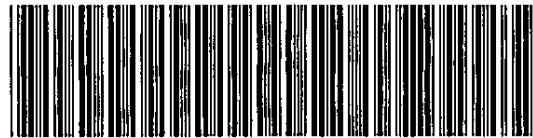
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 OCT 24 AM 9:22
SEC. OF STATE
TALLAHASSEE, FL

Amend

OCT 25 2016

I ALBRITTON

Articles of Amendment
to
Articles of Incorporation
of

Solid Whistles Officials Association Inc

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

N16000003834

(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:

The new 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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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.

Signature of New Registered Agent, if changing

2016 OCT 21 AM 9:22
STATE
TALLAHASSEE
FLORIDA

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Pg 6 - While Filing For our TAX EXEMPT STATUS
WE WERE ASKED TO AMEND OUR ARTICLES OF INCORPORATION
WITH THE STATE OF FLORIDA - ADDING THE
DISSOLUTION CLAUSE.

The SWOA shall intend to be "Not-For Profit" as
defined in the INTERNAL REVENUE CODE AS A 501(C)3
PURPOSE: THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR
CHARITABLE, RELIGIOUS, EDUCATIONAL OR SCIENTIFIC PURPOSES UNDER
SECTION 501(C)3 OF THE INTERNAL REVENUE CODE OR CORRESPONDING
SECTION OF ANY FEDERAL TAX CODE

* DISSOLUTION: UPON THE DISSOLUTION OF THIS ORGANIZATION,
ASSETS shall be distributed FOR ONE OR MORE EXEMPT
PURPOSES WITHIN THE MEANING OF SECTION 501(C)3 OF THE
INTERNAL REVENUE CODE OR CORRESPONDING SECTION OF ANY
FEDERAL GOVERNMENT OR TO A STATE OR LOCAL GOVERNMENT
FOR A PUBLIC PURPOSE.

The date of each amendment(s) adoption: 5/1/2016, if other than the date this document was signed.

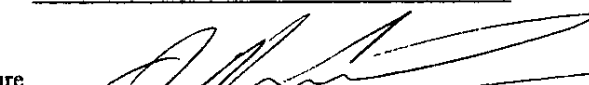
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing 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.
- ☒ 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 10/3/2016

Signature 
(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)

VON MARC CREIGHTON
(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Solid Whistles Officials Association INC

DOCUMENT NUMBER: N160003834 81-2324835

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VON MARC CREIGHTON

(Name of Contact Person)

(Firm/ Company)

6511 SHAHAB LANE

(Address)

PORT ORANGE, FL 32128

(City/ State and Zip Code)

VONMARCCREIGHTON@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VON MARC CREIGHTON

(Name of Contact Person)

at 386 - 767-5487
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2016

JON MARO CREIGHTON
6511 SHAHAB LANE
PORT ORANGE, FL 32128

SUBJECT: SOLID WHISTLES OFFICIALS ASSOCIATION INC.
Ref. Number: N16000003834

We have received your document for SOLID WHISTLES OFFICIALS ASSOCIATION 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):

✓ The current name of the entity is as referenced above. Please correct your document accordingly.

Bylaws are not filed with this office. Please retain them for your records.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 016A00021842

Spoke

CEIVED

16 OCT 24 PM 4:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA