

116 000604963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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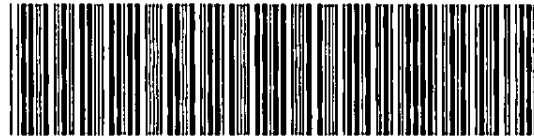
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 P 3 59

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AUG 31 2017

T. E. MEUN

COVER LETTER

TO: Amendment Section
Division of Corporations

Jacket Hoops Club Inc
NAME OF CORPORATION: _____

N16000004963
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Kevin VanDyke

(Name of Contact Person)

Jacket Hoops Club Inc

(Firm/ Company)

137 Manresa Road

(Address)

St Augustine, FL 32084

(City/ State and Zip Code)

kevin@anastasiafit.com

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

For further information concerning this matter, please call:

Kevin VanDyke

904

910-2623

at

(Name of Contact Person)

(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 &
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 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

Articles of Amendment
to
Articles of Incorporation
of

Jacket Hoops Club Inc

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

N16000004963

(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)

137 Manresa Road

St Augustine, FL 32084

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

137 Manresa Road

St Augustine, FL 32084

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)

(City)

Florida

(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

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TALLAHASSEE, FLORIDA

(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.*

Example:

Type of Action
(Check One)

Name

Address

P

Albert Crespo

228 Pine Arbor Circle

x

 Add

Remove

P

Tim Winter

140 Pine Arbor Circle

2) Change

Add

X

Remove

VP

Darin Rose

1441 Riva Del Garda Way

3) Change

Add

x

Remove

VP

Deborah Burkhardt

400 Plantation Grove

4) _____ Change

Add _____

X

 Remove

VP

Suzanne Stauble

299 Mission Trace Dr

5) _____ Change

X

Add

Remove

6) _____ Change

Add

Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: _____, 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 8/24/2017 _____

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)

Kevin VanDyke

(Typed or printed name of person signing)

Treasurer

(Title of person signing)