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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SUNDAY DIGHT MIKED BOWLING ASSOCIATION, INC						
DOCUMENT NUMBER: 16000008130						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
WILLIAM P ROBERTSON (Name of Contact Person)						
(Name of Contact Person)						
(Firm/ Company)						
417 ABERDEEN CT N (Address)						
(Address)						
LAICELAND, FL 33813-1602						
(City/ State and Zip Code)						
SUNDAY NIGHTMIXED @ YAHOO. COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
WILLIAM PROBERTSON at 863 701-5550						
WILLIAM P ROBERTSON at 863 701-5550  (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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SUNDAY NIGHT MIXED BOWLING ASSOCIATION, INC

(Name of Corporation as cur	rently filed with the Florida Dept. of State)	<del></del>	
N16000008130			
(Document Nu	umber of Corporation (if known)		—
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:		he follow	ing
A. If amending name, enter the new name of the corpo	oration:		
		The n	
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp.	" or "Inc	λ"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	(22)		***
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		1 1 0 3	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		120 fm 220 Tm	-4
		127 20	
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D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the		
new registered agent and/or the new registered offic		iş-	
Name of New Registered Agent:			
·	(Florida street address)		_
New Registered Office Address:			
·	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position	7.	
<del></del>	Signature of New Registered Agent, if changing		
	DIVINUATE OF NEW REVINEFEU AVEIR. II CHUNVINY		

## 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	ROBERT JACKSON	398 NE GTH STREET
Add			MULBERRY, FL 33860
<u></u> Remove			
2)Change	_P_	DEBORAH WOLFE	77 BONISEE CIRCLE LAKELAND, FL 33801
_X_ Add			LAKELAND, FL 33801
Remove			<u></u>
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change	<del></del>	·	
Add			
Remove			<del></del>
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)						
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	date of each amendment(s) adoption: _ this document was signed.	SEPTEMBER, 11,	2016	, if other than the
	ective date <u>if applicable</u> :	STEMBER 11, 20		
	(no	more than 90 days after amendme	nt file date)	
	e: If the date inserted in this block does no ument's effective date on the Department of		ng requirements, this date will no	t be listed as the
Ada	option of Amendment(s) ( <u>C</u>	HECK ONE)		
赵	The amendment(s) was/were adopted by twas/were sufficient for approval.	he members and the number of vo	tes cast for the amendment(s)	
	There are no members or members entitle adopted by the board of directors.	d to vote on the amendment(s). The	he amendment(s) was/were	
	Dated SEPTEM B	ER 12, 2016		
	Signature			<del></del>
	have not been selected	the chairman of the board, president I, by an incorporator – if in the han fiduciary by that fiduciary)		
	William	P ROBERTSON		
		(Typed or printed name of per	rson signing)	
	SEASTADIO	/TOEACONED &	1.)CORPORATOR	

(Title of person signing)