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SECRETARIO STATE

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OCT 03 2017 NO. 1 C. STATE

S. YOUNGE, FLORDA

COVERI	ETTER
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Champions' Edge Stating Clarb	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing	ţ.
Please return all correspondence concerning this matter to the following	ing:
Jim Milhs	
(Name of Com	tact Person)
Champions' Edge Skating Club	
(Firm/ Co	mpany)
3173 Cypuess Ridge Blvd.	
(Addin	ess)
Wesley Chapel, Pl. 33544	
(City/ State and	d Zip Code)
jim i je kampina seber ma o	
E-mail address: (to be used for future annu	al report notification)
For feather inforcaction concerning this matter, please call:	
Jim Millns	727 741-2462 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	orida Department of State:
S35 Filing Fee	py Centificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallelassee, 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

Champions indge Stating Chan, 12110.	l		
Name of Comparation	o ses consvensible (f	thei with the Khuida Dept. at State)	-
N16000009256			
(Доста	ment Number of	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, th	is Florida Not For Profit Corporation a 	idopts the following
anicalization (s) to us reflectes of incorporation.			
A. If amending name, enter the new name of th	e corporation:		
			Th
name wast be distinguishable and contain the wor	d "comoration"	or "incurnormed" or the abbreviation	"Corp." or "Inc."
"Company" or "Co." may not be used in the nam	•		20. p . 0
		Ţ	
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A		1	
(The the spice was seen of a state of a	DULLES ,		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	<u>* ∑</u>	<u> </u>
			o _
		779	-9-<u>7-</u> -
			11
		mo	
D. If amending the registered agent and/or registered			를 끊이다
new registered agent and/or the new register			- - - -
Name of New Registered Agent:	Jim Millns	<u> </u>	: 0
	3173 Cypness	Ridge Blvd.	-
		(Florida street address)	
New Registered Office Address	,		
	Wesley Chape	el mora	33544
		(ity) (Lip	a Code)
	,	(1-4)	
New Registered Agent's Signature, if changing !	. 7. (
I hereby accept the appointment as registered ager	ns. I am familio	r with and accept the obligations of the	position.
	Le	1 M JK	
~	Signal	ture of New Registered Agent, if changin	g
	Page	1 of 4	

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 Charge X Remove X Add	V Mik	Doe e Jones y Smith	
Type of Action (Check One)	Tale	Name	<u>Addres</u> s
1) Change	<u>T</u>	Shari Tretter	3173 Cypness Ridge Blvd.
Add			Wesley Chapel, FL 33544
Remove			
2) Change	<u>T</u>	Danielle Larson	3173 Cypress Ridge Blvd.
xAdd			Wesley Chapel, FL 33544
Remove			
3) Change			
Aðd			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
<u>Remove</u>			

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E. II za	sending or adding additional	Articles, enter change	s) bere:
(attac	h additional sheets, if necessa	ry). (Be specific)	T
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8/29/11	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	1
8/29/17	
Meetive date il applicable:	
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not mee	t the applicable stancory filing requirements, this date will not be listed as the
locument's effective date on the Department of State	e's records.
Adeption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the me was/were sufficient for approval.	embers and the mumber of votes cast for the amendment(s)
There are no members or members entitled to v adopted by the board of directors.	ote on the amendment(s). The amendment(s) was/were
9/2 5/17	
Dated	544 - 00
Signature	
·	innan of the board, president or other officer-if directors
have not been selected, by a	n moorpoiztor - if in the bizeds of a receiver, trastee, or
other count appointed fiducia	ary by that fiduciary)
Jim Millus	
Jun Menus	
C C	Typed or printed name of person signing)
President	
	(Tale of person signing)