

N160000009630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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01/04/18--01001--005 **10.00

12/13/18--01012--014 **25.00

FILED
2018 DEC 20 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FL

Amend.

12/26/18

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2018

LISA KETCHUM
FLAGLER REVOLUTION GIRLS FASTPITCH SOFTB
P. O. BOX 352362
PALM COAST, FL 32164

SUBJECT: FLAGLER REVOLUTION GIRLS FASTPITCH SOFTBALL INC.
Ref. Number: N16000009630

We have received your document for FLAGLER REVOLUTION GIRLS FASTPITCH SOFTBALL INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 818A00025837

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Flagler Revolution Girls Fastpitch Softball Inc.

DOCUMENT NUMBER: N116000009630

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

Please return all correspondence concerning this matter to the following:

Lisa Ketchum
(Name of Contact Person)

(Firm/ Company)

122 White Hall Dr.
(Address)

Palm Coast, FL 32164
(City/ State and Zip Code)

flaglerrevolutionsoftball@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Ketchum at 386-517-3498
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee
<u>25 already</u>
<u>pd \$10 due.</u> | <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
Attn: Darlene

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Flagler Revolution Girls Fastpitch Softball Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N160000009630

(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:

122 White Hall Dr.

(Florida street address)

New Registered Office Address:

Palm Coast

(City)

Florida 32164

(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, FL

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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 checked="" type="checkbox"/> Remove	<u>P</u>	<u>Thomas Ketchum</u>	<u>31 Pony Express Dr.</u> <u>Palm Coast, FL</u> <u>32164</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Mackenzie Smith</u>	<u>34 Westlawn Pl.</u> <u>Palm Coast, FL</u> <u>32164</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Sheri Tralewski</u>	<u>1263 Aspen St</u> <u>Bunnell, FL 32110</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Teresa Cestare</u>	<u>17 Fountain Gate Ln</u> <u>Palm Coast, FL</u> <u>32137</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Amanda Eisenhardt</u>	<u>52 Pacific Dr.</u> <u>Palm Coast, FL</u> <u>32164</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>EM</u>	<u>Matthew Taylor</u>	<u>1263 Aspen St</u> <u>Bunnell, FL 32110</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Change of address for:
Lisa Ketchum (Treasurer)
122 White Hall Dr.
Palm Coast, FL 32164

The date of each amendment(s) adoption: 12/3/18, 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 12/18/18

Signature Lisa Ketchum
(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)

Lisa Ketchum
(Typed or printed name of person signing)

Treasurer
(Title of person signing)