

N16 000010 115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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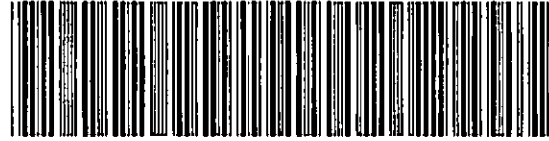
(Business Entity Name)

(Document Number)

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08/06/21--01017--004 **35.00

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2021 AUG 17 PM 12:49
CLERK OF DISTRICT COURT
STATE OF FLORIDA

A. Butler
8/27/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOOPS ON MISSION, INC

DOCUMENT NUMBER: N16000010115

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

Please return all correspondence concerning this matter to the following:

DWAYNE JACKSON

(Name of Contact Person)

HOOPS ON MISSION, INC

(Firm/ Company)

5600 GREY FOX RUN

(Address)

FORT MYERS, FL 33912

(City/ State and Zip Code)

hoopsonmission@gmail.com

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

For further information concerning this matter, please call:

DWAYNE JACKSON

239

888-1933

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:

- | | | | |
|---|--|---|--|
| <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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

HOOPS ON MISSION, INC

FILED

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

2021 AUG 17 PM 12:48

N16000010115

(Document Number of Corporation (if known))

OFFICE OF STATE
TALLAHASSEE, FL

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:

71 MID CAPE TERRACE UNIT 4-5

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33991

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 61241

FORT MYERS, FL 33906

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:

N/A

N/A
(Florida street address)

New Registered Office Address:

N/A
(City)

Florida N/A
(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.

N/A

Signature of New Registered Agent, if changing

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

| Type of Action (Check One) | Title | Name | Address |
|---|-------|------------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add | P | LOGAN HAWLEY | 1405 15TH ST CAPE CORAL, FL 33991 |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add | T | TIM ABBOTT | 7791 REFLECTION COVE DR APT 207 FORT MYERS, FL 33907 |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add | S | SAS STOUDE | 8490 KINGBIRD LOOP APT 932 FORT MYERS, FL 33967 |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add | P | DWAYNE ANTHONY JACKSON | 5600 GREY FOX RUN FORT MYERS, FL 33912 |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add | M | JEFF WHEELER | 1145 DEL RIO DR FORT MYERS, FL 33909 |
| <input checked="" type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add | D | JEFFREY A WHEELER | 1145 DEL RIO DR FORT MYERS, FL 33909 |
| <input type="checkbox"/> Remove | | | |

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

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

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:

| | | |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u> |
| <u>X</u> Remove | <u>V</u> | <u>Mike Jones</u> |
| <u>X</u> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|-------------------------|---|
| 7) <u>X</u> Change <u> </u> Add <u> </u> Remove | <u>VP</u> | <u>KARYNA B JACKSON</u> | <u>5600 GREY FOX RUN</u> <u>FORT MYERS, FL 33912</u> |
| 8) <u>X</u> Change <u>X</u> Add <u> </u> Remove | <u>S</u> | <u>JESENIA LARVA</u> | <u>2303 NE 7TH PLACE</u> <u>CAPE CORAL FL 33909</u> |
| 9) <u>X</u> Change <u>X</u> Add <u> </u> Remove | <u>T</u> | <u>ANNA GAETA</u> | <u>12893 TIMBER RIDGE DR</u> <u>FORT MYERS, FL 33913</u> |
| 10) <u>X</u> Change <u>X</u> Add <u> </u> Remove | <u>D</u> | <u>LAURA BETHEL</u> | <u>4318 SW 19TH AVE</u> <u>CAPE CORAL, FL 33914</u> |
| 11) <u>X</u> Change <u>X</u> Add <u> </u> Remove | <u>D</u> | <u>ERICA D BROWN</u> | <u>1170 BENT CREEK LOOP</u> <u>FORT MYERS, FL 33916</u> |
| 6) <u> </u> Change <u> </u> Add <u> </u> Remove | <u> </u> | <u> </u> | <u> </u> <u> </u> <u> </u> |

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

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

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

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.

☐ 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 July 30, 2021

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)

Dwayne Anthony Jackson

(Typed or printed name of person signing)

President

(Title of person signing)