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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: St Cloud Touch dawn Club, Corp.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carol Boroski
(Name of Contact Person)
St. Cloud Touchdown Club, Coep.
(Firm/ Company)
3075 Cherokee Road
(Address)
St Cloud, FL 34772 (City/ State and Zip Code)
(City/ State and Zip Code)
Carolboroski @ aol. con E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 407 267 4544 (Area Code) (Daytime Telephone Number)
(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 Status Certificate of Status (Additional copy is enclosed) \$35 Filing Fee 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

10

Articles of Incorporation of

	OI .		
St. Cloud To	Duchdown Club, corp.		
(Name of Corporation as cur	rently filed with the Florida Dept, of State)		
<u> </u>	000 4675		
(Document Nu	imber of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the	ie follow	zing
A. If amending name, enter the new name of the corpor	ration:		
NA		The n	teu.
name must he distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp."	or "Inc	c. "
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)		
			
			—
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2000 Bulldog Lane		
	2000 Bulldog Lane St. Cloud FL 34769		—
	JT. CIDILO, PL 31/01		
			_
. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the 🚉	20	
new registered agent and/or the new registered office	e address:	S	-
Name of New Registered Agent:	N/A	<u> </u>	
		9	
New Registered Office Address:	(Florida street address)	T.	
		<u>:</u>	
	(City) , Florida — (Zip Code)		_
ew Registered Agent's Signature, if changing Registere	•		
hereby accept the appointment as registered agent. I am,	ed Agent: familiar with and accept the obligations of the position.		
	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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>P</u> _	Andrew MCAFEE	1860 ACORN Place Kissimmer, FL 34744
2) Change Add	<u>D</u>	Regina Clancy	7 Augusta Circle St Cloud, FL 34769
Remove 3) Change Add Remove	<u>_V.P</u>	Ti Ffany Greer	4599 Kissimmre Aurk Rd St. Cloud, FL 34772
4) Change Add Remove	P	Ruth Nelson	1306 Cinda Ct. 5 Cloud, Fr 34771
5) Change Add Remove	<u>vP</u>	Tonya Fritz	336 New York Ave St. Cloud, FL 34769
6) Change Add Remove			

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: July 16, 2018, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
<u>Note:</u> 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 east 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 14, 2018
Signature (SSSL Boroshi'
(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)
(Typed or printed name of person signing)
Treasurer (Title of person signing)

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