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COVER LETTER

TO: Amendment Section Division of Corporations

'	
NAME OF CORPORATION:Indian River County Youth Liveston	ck and Horticulture Inc
N17000007297 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for tiling	;. ·
Please return all correspondence concerning this matter to the followi	ing:
David J Flynt	
(Nume of Cont	tact Person)
(Firm/ Co	mphny)
1276 41st Ave	
(Addro	ess
Vero Beach, FL 32960	
(City/ State and	d Zip Code)
davidjtlynt@att.net	
E-mail address: (to be used for future annu	ual report notification)
for further information concerning this matter, please call:	
David J Flynt	772 532-8510
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Flo	orida Department of State:
S35 Filing Fee	Certificate of Status
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 to Articles of Incorporation of Indian River County Youth Livestock & Horticulture Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000007297 (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: 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: (Florida street address) New Registered Office Address: __. Florida __ (City) (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

address of each Officer a tAttach additional sheets. Please note the officer dirt P = President; V · Vice Pi	nd/or D if necess ector titl resident: Chief F	virector being added: sary) w by the first letter of the office title; T- Treasurer; S= Secretary; D= Diri inancial Officer. If an officer director	f each officer/director being removed and title, name, and ector; TR = Trustee, C = Chairman or Clerk; CEO = Chief holds more than one title, list the first letter of each office
	es the co	orporation, Sally Smith is named the V	s listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Neme</u>	<u>Address</u>
1) Change	P	David J Flynt	1276 41st Ave
X Add			Vero Beach, FL 32960
Remove			
2) Change	VP	Steven Klein	4445 61ST CT
X Add			VERO BEACH, FL 32967
Remove			
3) Change	Т	Susan Wilson	12450 91ST ST
X Add			FELLSMERE, FL 32948
Remove			
4) Change	S	Kimberly English	5317 VALENCIA LN SW
X Add			VERO BEACH, FL 32968
Remove			
5) Change			
Add			

____ Remove

6) ____ Change

____ Add

____ Remove

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

he date of each amendment(s) adopt	July 19th 2017	, if other than the
ate this document was signed. July 196 Effective date <u>if applicable</u> :		
	(no more than 90) days after amend	ment file date)
Note: If the date inserted in this block of locument's effective date on the Depart		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of	votes east for the amendment(s)
☐ There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s).	The amendment(s) was/were
Dated July 19th 2017		
Signature		
(By the chairman have not been s	or vice chairman of the board, preside elected, by an incorporator – if in the b ointed fiduciary by that fiduciary	
David J Flyr	ıt	
	(Typed or printed name of	person signing)
President		
 -	(Title of person	signing)
	<u> </u>	