

N17000010443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

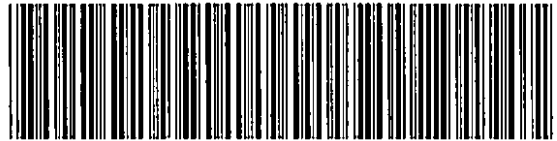
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL 26 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2018

CHRISTOPHER KREBS
19 N HIDDEN HARBOUR DRIVE
DELRAY BEACH, FL 33483

SUBJECT: FLORIDA ATLANTIC UNIVERSITY ICE HOCKEY INCORPORATED
Ref. Number: N17000010443

We have received your document for FLORIDA ATLANTIC UNIVERSITY ICE HOCKEY INCORPORATED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 818A00014917

COVER LETTER

TO: Amendment Section
Division of Corporations

FLORIDA ATLANTIC UNIVERSITY ICE HOCKEY INCORPORATED

NAME OF CORPORATION: _____

N17000010443

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER KREBS

(Name of Contact Person)

FLORIDA ATLANTIC UNIVERSITY ICE HOCKEY INCORPORATED

(Firm/ Company)

19 N HIDDEN HARBOUR DRIVE

(Address)

DELRAY BEACH, FLORIDA 33483

(City/ State and Zip Code)

FAUHOCKEYPRESIDENT@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTOPHER KREBS (561) 757-8900

(Name of Contact Person) at (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA ATLANTIC UNIVERSITY ICE HOCKEY INCORPORATED

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

N17000010443

(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:

FLORIDA OWLS HOCKEY CLUB, Inc

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)

37 HARBOUR DR N

OCEAN RIDGE, FL 33435

UNITED STATES

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

37 HARBOUR DR N

OCEAN RIDGE, FL 33435

UNITED STATES

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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, FLORIDA

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 checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CLAYTON CLEVELAND</u>	<u>37 HARBOUR DR N</u> <u>OCEAN RIDGE, FL 33435</u> <u>UNITED STATES</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>JOSHUA ROSENZWEIG</u>	<u>839 HAWTHORN TERRACE</u> <u>WESTON, FL 33327</u> <u>UNITED STATES</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>JOSHUA RAMER</u>	<u>4448 Stadium Drive</u> <u>Apartment 3101</u> <u>Jupiter, FL 33458</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>BRENDAN RIETH</u>	<u>10885 SW 1st Court</u> <u>Coral Springs, FL 33071</u> <u>United States</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> <input type="checkbox"/> Remove	<u>V</u>	<u>AUSTIN LUBOFF</u>	<u>6803 NW 116TH AVE</u> <u>PARKLAND, FL 33076 FL</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> <input type="checkbox"/> Remove	<u>S</u>	<u>CHASE CHEVELDAYOFF</u>	<u>783 BARCELONA DRIVE</u> <u>BOCA RATON, FL 33432</u>

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

N/A

05/15/2018

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

05/15/2018

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.

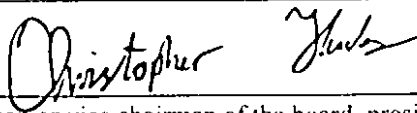
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

4/15/2018

Dated _____

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)

Christopher Krebs

(Typed or printed name of person signing)

Advisor

(Title of person signing)