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JUN 01 2018

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18 MAY 29 PM 12:37
CLERK OF COURT
JUN 01 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHAMPIONS WAY, INC. _____

DOCUMENT NUMBER: N18000000876 _____

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

Please return all correspondence concerning this matter to the following:

CHYTEARRA KINTCHEN

(Name of Contact Person)

CHAMPIONS WAY, INC.

(Firm/ Company)

2069 CHAMPIONS WAY

(Address)

NORTH LAUDERDALE, FL 33068

(City/ State and Zip Code)

CTSBALLMGMT@GMAIL.COM

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

For further information concerning this matter, please call:

CHYTEARRA KINTCHEN at 954 496-0087

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

18 MAY 29 PM 12:37

CHAMPIONS WAY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) **TALLAHASSEE, FLORIDA**

N18000000876

(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:

N/A

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

N/A

(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: N/A

(Florida street address)

New Registered Office Address:

N/A

(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

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 PTID.

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 checked="" type="checkbox"/> Change | <u>SEC</u> | <u>FELICIA BLUE</u> | <u>2202 NW 39TH AVE</u> |
| <input type="checkbox"/> Add | | | <u>COCONUT CREEK, FL 33066</u> |
| <input type="checkbox"/> Remove | | | <u></u> |
| 2) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | <u></u> |
| <input type="checkbox"/> Remove | | | <u></u> |
| 3) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | <u></u> |
| <input type="checkbox"/> Remove | | | <u></u> |
| 4) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | <u></u> |
| <input type="checkbox"/> Remove | | | <u></u> |
| 5) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | <u></u> |
| <input type="checkbox"/> Remove | | | <u></u> |
| 6) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | <u></u> |
| <input type="checkbox"/> Remove | | | <u></u> |

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

ARTICLE III

See Attached.

N/A

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

01/21/2018

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.

Dated 5-21-18

Signature [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)

Chy Teana Kintchen
(Typed or printed name of person signing)

President
(Title of person signing)

Article III (Purpose)

Champions Way, Inc is a non-profit organization and shall operate exclusively for charitable, educational, physical, and nutritional guidance, within the meaning of 501(c)(3) of the Internal Revenue Code or the corresponding section of any future Federal tax code. Champions Way purpose is to provide guidance to the youth on how to properly care for the mind, body, and spirit, leading a healthier lifestyle.

(Dissolution Clause)

Upon termination or Dissolution of Champions Way, Inc. any assets lawfully available for distribution shall be distributed to (1) or more qualifying organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986 (or described in any corresponding provision of any successor statute) which organization or organizations have a charitable purpose.

The organization to receive the assets of Champions Way, Inc. hereunder shall be selected by the discretion of a majority of the managing body of Champions Way, Inc.

In the event that any such assets aren't disposed of, shall be disposed of by a court of competent jurisdiction in Broward County, FL and shall determine which organizations are organized and operated exclusively for the or along the same purposes as Champions Way, Inc.