

Division of Corporations Electronic Filing Cover Sheet

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(((H18000201828 3)))



H180002018283ABC/

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC

Account Number : I20170000051 Phone : (239)552-4100 Fax Number : (239)263-7922

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JLH QWBC LAWERS. COM



# COR AMND/RESTATE/CORRECT OR O/D RESIGN R & B AMATEUR SPORTS SOLUTIONS, INC.

Certificate of Status	0
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Corporate Filing Menu

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C. GOLDEN

JUL 1 3 2018

#### COVER LETTER

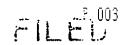
TO: Amendment Section Division of Corporation	ns			
NAME OF CORPORATION	R & B AMATEUR S	SPORTS SOLUTION	NS, INC.	
DOCUMENT NUMBER:	N18000002608	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of An	sendment and fee are subn	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
KEVIN CARMICHAEL, E	SQ.			
		(Name of Contact P	erson)	
WOOD, BUCKEL & CAR	MICHAEL			
		(Firm/ Company	y)	
2150 GOODLETTE ROAD	NORTH, SIXTH FLOOR	₹		
		(Address)		**************************************
NAPLES, FL 34102				
		(City/ State and Zip	Code)	
JLH@WBCLAWYERS.CO	М			
E	-mail address: (to be used	for future annual rej	port notification	n)
For further information cond	erning this matter, please	call:		
KEVIN CARMICHAEL		_ at	239	552-4100
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida i	Department of	State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee &   Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy in enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	St	reet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### FAX No.

### (((H18000201828 3)))



Articles of Amendment to Articles of Incorporation of 2018 JUL 12 AM 10: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as c	urrently filed with the Florida Dept. of State)	
N18000002608		
(Document)	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts th	ne following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp."	" or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	UESS)	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:	
Name of New Registered Agent:		
Name of the Registered Agent,		
(Florida street address)  New Registered Office Address:		
	mt. 14.	
<del></del>		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the obligations of the position	ı.
	Signature of New Registered Agent, if changing	

Page 1 of 4

#### (((180002018283)))

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.

X Change X Remove X Add	<u>v</u> <u>Mik</u>	n Dos e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	т	JOHN K. PAUL	1400 N. 15TH STREET
X Add			SUITE A
Remove			IMMOKALEE, FL 34142
2) Change	₽	REID CARPENTER	1400 N. 15TH STREET
X Add			SUITE A
Remove			IMMOKALEE, FL 34142
3) Change	S	JOHN LAWSON	1400 N. 15TH STREET
X Add			SUITE A
Remove			IMMOKALEE, FL 34142
4) Change	VP .	KEVIN CARMICHAEL	2150 GOODLETTE ROAD N
X Add			SIXTH FLOOR
Remove			NAPLES, FL 34102
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

## (((H18000201828 3)))

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

Page 3 of 4

## (((H18000201828 3)))

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	plack does not meet the applicable statutory filing requirements, this date will not Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) wal.	
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated	, 2018	
Signature	KN	
have not l	airman of vice chairman of the board, problem to rother officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	
KEVI	N CARMICHAEL	
	(Typed or printed name of person signing)	
INCO	RPORATOR	
	(Title of person signing)	