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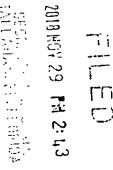
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COVER LETTER

Division of Corporations SOUTH FLURIDA SOCCER ACADEMY NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Name of Contact Person)

at $\frac{959}{249}$ $\frac{249}{599}$ $\frac{599}{249}$ Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

- TO: Amendment Section

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

Ar	ticles of Incorporation		
SOUTH FLORIL) A SOCCER	ACADEMY	INC.
(Name of Corporation as cu	irrently filed with the Flor	ida Dept. of State)	
NI8 <i>00</i> 00	1368)		
(Document N	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not Fo	r Profit Corporation adopts the	following
A. If amending name, enter the new name of the corp	ooration:		
			
name must be distinguishable and contain the word "cor		I'' on the abbumilation "f"one "	_The new
name must be distinguishable and contain the word—cor "Company" o <u>r "Co." may not be used in the name</u> .	poration or incorporated	or the appreviation Corp.	or mc.
			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)		
Trincipal Office dadress MOST BE ASTREET ADDR	<u></u>		
			
C. Enter new mailing address, if applicable:		. •	- :
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			6
			720
	<u> </u>		- IT
D. If amending the registered agent and/or registered	i office address in Florida,	enter the name of the	
new registered agent and/or the new registered of	fice address:	,	.5
Name of New Registered Agent:			
		orida street address)	
New Registered Office Address:	""	mua sirver adaressy	
		121 - 1 1	
	(City)	, Florida (Zip Code)	
	(0.0,7)	(znp Cinc)	
New Registered Agent's Signature, if changing Regist	tered Agent:	of the or sold to	
I hereby accept the appointment as registered agent. I d	am Jamiliar with and accept	the obligations of the position.	
	Signature of New Regist	wand Amont if changing	
	экрашиге од гуси перы	огси адент, у спанднад	

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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	TD	JENNIER SIMMONS	2662 NE /1th CT
Add Remove			FURT LAUDERNALS
	Λ	JOHN DONDERIO	2662 NG 11th CT
2) Change Add	1)		FT LAUDERDALL
X Remove	λ	DAUID COJELIN	12,33304 243 11 11 OT
3) Change	<u> </u>	- NUTD CUIRLIN	FT LAUDIRDALE, FL
Remove			33304
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
——————————————————————————————————————
<i>1</i>

date	The date of each amendment(s) adoption: A VG m FR 19 20 8	, if other than the
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Ado	Adoption of Amendment(s) (CHECK ONE)	
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	ment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
	Dated November 19 2018	
	Signature AAA GRES WENT	
	(By the chairman of vice chairman of the board, president or other officer-if din have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
	CREOL, FRANCIS	
	(Typed or printed name of person signing)	
	PRES IDENT	
	(Title of person signing)	