## N180000 /2006

(Danisahada Nana)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600324530236

02/15/19--01009--008 \*\*35.00



FEB 2 0 2019

S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ts & Development A	ssociatio	on, Inc	
N18000012006 DOCUMENT NUMBER:		<u>.                                    </u>		
The enclosed Articles of Amendment and fee are st	abmitted for filing.			
Please return all correspondence concerning this ma	itter to the following	:		
Natasha Perkins				
-	(Name of Contac	t Person	)	
Wesconnett Youth Sports & Development Associat	tion. Inc			
	(Firm/ Comp	any)		<u> </u>
P.O. Box 381985				
	(Address	)		
Jacksonville, FL 32238				
	(City/ State and Z	ip Code	)	
Waajax@yahoo.com				
E-mail address: (to be us	sed for future annual	report n	otification	)
For further information concerning this matter, pleas	se call:			
Natasha Perkins		904 at		610-2205
(Name of Contact Perso	on)		a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Floric	la Depar	timent of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	& □\$43.75 Filing F s Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division Clifton I	nent Secti 1 of Corpo Building	

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

Wesconnett Sports & Development Association, Inc.						
(Name of Corporation as c	urrently filed with the Florida Dept. of State	<u>``</u> )				
N18000012006						
(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 Corporati	on adopts the following				
A. If amending name, enter the new name of the corp						
Wesconnett Youth Sports & Development Association,	Inc.					
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviat					
B. Enter new principal office address, if applicable:	Wesconnett Youth Sports & Developme	Wesconnett Youth Sports & Development Association, Inc				
(Principal office address <u>MUST BE A STREET ADDR</u>	(ESS) 5501 Wesconnett Blvd., #381985	(S) 5501 Wesconnett Blvd., #381985				
	Jacksonville, FL 32244					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Wesconnett Youth Sports & Development	Wesconnett Youth Sports & Development Association, Inc				
	P.O. Box 381985	P.O. Box 381985				
	Jacksonville, FL 32238	19				
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name office address:	f the TEB				
Name of New Registered Agent:		- K - 2				
New Registered Office Address:	(Florida street address)	TLORIUA				
	, Florida					
	(City)	Zip Code)				
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I c	t <mark>ered Agent:</mark> um familiar with and accept the obligations of .	the position.				
	Signature of New Registered Agent, if char	nging				

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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change		-	<del></del>
Add			
Remove			<del></del>
4) Change			<del></del>
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach a	ding or adding additional Art dditional sheets, if necessary).	(Be specific)	STOP HEIL.				
N/A							
		<u> </u>	·				
-			<del>.</del>				
	<del></del>				···		
·		-		· · ·			
		<del></del> -	<del></del>	<del>-</del>			
			·	<del></del>	<u> </u>		
				<del></del>			
				-		<del></del>	
<del></del> _				<u> </u>			
			<del></del> .				-
		<del></del>		<u> </u>			=
				•			•
				·			
		<del></del>		<u> </u>			
	<del></del>		<u>-</u>			<del></del>	
	<u> </u>						. —
				<u> </u>		-	<del></del>
···.				_			

	N/A	
The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	
	N/A	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wei was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or n adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	2/11/19	
Signature	north	
have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or burt appointed fiduciary by that fiduciary)	
Nata	sha Perkins	
	(Typed or printed name of person signing)	
Presi	dent	
	(Title of person signing)	