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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Avon Park City Youth Footb NAME OF CORPORATION:	
N1900000042 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Willis McGuire - President	
(Name	of Contact Person)
Avon Park City Youth Football and Cheer	
(Fir	rnd Company)
Post Office Box 1094	
· · · · · · · · · · · · · · · · · · ·	(Address)
Sebring, FL 33871	
(City/ S	tate and Zip Code)
cam_mcguire@yahoo.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
Willis McGuire - President	863 214-4442 at
(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:
	ied Copy Certificate of Status tional copy is Certified Copy
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



Avon Park City Youth Football and Cheer INC

(Name of Corporation as current	tly filed with the Florida Dept. of State)
N19000000042	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	207 East State Street
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Avon Park, FL 33825
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 1094
	Sebring, FL 33871
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	( ) man
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
Si	gnature 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, an 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 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Charles Johnson	2520 Karen Blvd.
X Add			Sebring, FL 33870
Remove			
2) Change	<u>T</u>	Sharon Johnson	2520 Karen Blvd.
X Add			Sebring, FL 33870
Remove	S	Glinda R. Pruitt	Post Office Box 226
3) Change X Add			Avon Park, FL 33826
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:					
(attach additional sheets, if necessary).	(Be specific)				
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<del></del>	, <del>102</del>				

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date	this document was	signed.		
Effe	ective date <u>if appli</u>			
		(no more than 90 c	lays after amendment file date)	
		d in this block does not meet the app e on the Department of State's record	licable statutory filing requirements, this date will not ls.	be listed as the
Adı	option of Amendm	nt(s) ( <u>CHECK ONE</u> )		
	The amendment(s was/were sufficient	• •	id the number of votes cast for the amendment(s)	
	There are no memadopted by the bo		e amendment(s). The amendment(s) was/were	
	Dated	August 21, 2019	<u> </u>	
	Signature			
			the board, president or other officer-if directors orator – if in the hands of a receiver, trustee, or at fiduciary)	_
		Willis McGuire		
		(Typed or	printed name of person signing)	
		President		
			(Title of person signing)	