

N 1900000 4308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

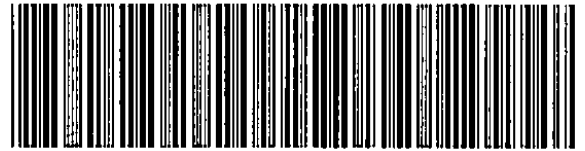
(Business Entity Name)

(Document Number)

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T. LEMMON
JUL 1 9 2019

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAY AREA PACKERS YOUTH FOOTBALL & CHEER INC

DOCUMENT NUMBER: N19000004308

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

Please return all correspondence concerning this matter to the following:

CRYSTAL CRESCENZO

(Name of Contact Person)

BAY AREA PACKERS YOUTH FOOTBALL & CHEER INC

(Firm/ Company)

5602 N LOIS AVE

(Address)

TAMPA, FL 33614

(City/ State and Zip Code)

johnsbyjohn@att.net

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

For further information concerning this matter, please call:

CRYSTAL CRESCENZO

(Name of Contact Person)

352

at

585-6480

(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

BAY AREA PACKERS YOUTH FOOTBALL & CHEER INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000004308

(Document Number of Corporation (if known))

JUL 27 P 3 05

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:

5602 N. LOIS AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33614

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

CRYSTAL CRESCENZO

5602 N LOIS AVE

(Florida street address)

New Registered Office Address:

TAMPA

(City)

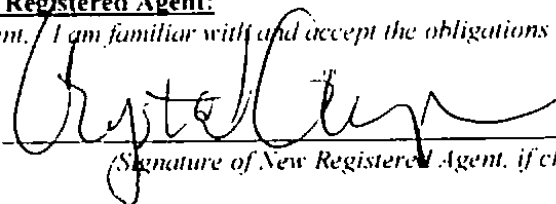
Florida

33614

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



(Signature of New Registered Agent, if changing)

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 off. 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. If 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 Ch 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ANTHONY CRESCENZO</u>	<u>5602 N LOIS AVE</u> <u>TAMPA, FL 33614</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>ANDREA HALL</u>	<u>5602 N LOIS AVE</u> <u>TAMPA, FL 33614</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>CRYSTAL CRESCENZO</u>	<u>5602 N LOIS AVE</u> <u>TAMPA, FL 33614</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>MELISSA RODRIGUEZ</u>	<u>5602 N LOIS AVE</u> <u>TAMPA, FL 33614</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>KIMBERLEY SMITH</u>	<u>5602 N LOIS AVE</u> <u>TAMPA, FL 33614</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>FRANCISCO RODRIGUEZ</u>	<u>5602 N LOIS AVE</u> <u>TAMPA, FL 33614</u>

N/A

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 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)

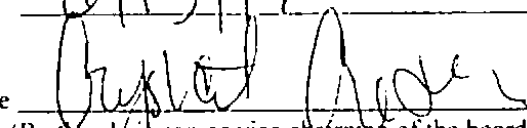
(**CHECK ONE**)

- ☒ 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

10/15/19

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)

Crystal Crescenzo

(Typed or printed name of person signing)

Secretary

(Title of person signing)