# N19 000007251

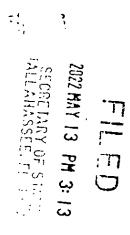
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  - Client gave permitto  Charyle the name.  J. HORNE  JUL 15 2022

Office Use Only



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# NON & FOR PROFIT

Official Name Change Letter



High Soccer Prospects LLC

366 W Taft Vineland Rd.

32824 Orlando FL

N: L20000273636

Florida Prospects INC

8297 Championsgate blvd #455

33896 Championsgate FL

N: N19000007251

## Dear SunBiz Staff,

This is an official letter highlighting the transfer of the name for the Non-Profit organization Florida Prospects, INC to High Soccer Prospects, INC. This is because board of directors on Florida Prospects, INC are the same owners to the High Soccer Prospects, LLC For-Profit Entity.

There are only two owners of the High Soccer Prospects, LLC entity and they are Thiago Cucci and Kyle Wilson. On the Non-Profit side with Florida Prospects, INC the board of the directors is Kyle Wilson, Mike Wilson, Mitchell Wilson and Thiago Cucci, who was just amended in the attached articles of amendment.

For confirmation, our objective is to have a name change from the Non-Profit organization of Florida Prospects, INC to High Soccer Prospects, INC.

Thank you for all that you do for the Florida community.

Sincerely,

Kyle Wilson

Thiago Cucci

inio@highsoccenprospecis.com mhighsoccenprospecis.com 2214201767



KALPESHKUMAR C PATEL

Notary Public - State of Florica
Commission = GG 299564
My Comm, Expires Feb 7, 2023
Bonded through National Notary Assn

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA PROSPECTS, INC
DOCUMENT NUMBER: N(90000725)
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KYLE WILSON (Name of Contact Person)
(Name of Contact Person)
FLORIDA PROSPECTS, INC
(Firm/ Company)
8297 (HAMPIONSLATE BLVD, #455
(Address)
CHAMPIONS GATE FL 33896 (City/State and Zin Code)
(City/ State and Zip Code)
SIGNNOUS PURTS @ GMAIC. COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KYLE WILSON at (703) 785 - 90 46  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ □ \$43.75 Filing Fee & □ □ \$43.75 Filing Fee & □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

FILED 2022 HAY 13 PM 3: 1:

	COSPECTS, IN	, C SECRETA
(Name of Corporation as currently filed with the FI	orida Dept, of State)	TALLAHAS
N1900000	7251	
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co		TO
HIGH SOCCEIZ  name must be distinguishable and contain the word "co	PROSPECTS	fandation The new
name must be distinguishable and contain the word "co"Company" or "Co." may not be used in the name.	orporation" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fi	orıda street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent, if changing

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: XChange X Remove A Add	PT         John I           V         Mike I           SV         Sally S	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	<u>Addres</u> s
Change Add	7	THIAGO CULCE	BYIS LOVETT AVE
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add	<del></del>		
Кепюче			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
	<del></del>		
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The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days a)ter amendment file date)	, 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 block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	
Adontion 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.

Dated _	5/12/2022
	y the chairman or vice chairman of the board, president or other officer-if directors
	ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	KYLE WILSON
	(Typed or printed name of person signing)