## N2100003738

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

•

NAME OF CORPORATION:	SOFTBALL FOUND	ATION INC	·
N21000003738 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this mat	ter to the following:		
DONNA SMIT			
	(Name of Contact Pe	rson)	
BREVARD ACCOUNTING GROUP			
	(Firm/ Company	)	
150 FORTENBERRY RD VILLA A			
	(Address)		
MERRITT ISLAND, FL 32952			
	(City/ State and Zip C	Code)	
DMS@BAGCPA.COM			
E-mail address: (to be use	d for future annual rep	ort notification	1)
For further information concerning this matter, please	e call:		
DONNA SMIT	at	321	452-5061
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee		Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section		eet Address	
Amendment Section Division of Corporations		nendment Sect vision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED PH12 49

321 BASEBALL & SOFTBALL FOUNDATION INC

(Name of Corporation as currently filed with the Flori	da Dept. of State)	2014 STANT
N21000003738		Charles III and
(Document N	umber of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida N	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorpe	orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>	
		<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered		orida, enter the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:	<u> </u>	
	_	(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered agent. I a	m familiar with and a	ccept the obligations of the position.
		•

Signature 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, 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 John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>VP</u>	EUSEBIO SOLIS	3795 FLYPARK DR ROCKLEDGE, FL 32955
x Remove			
2) Change Add	<u>D</u>	CHRIS COULTER	3795 FLYPARK DR ROCKLEDGE, FL 32955
X   Remove	D,VP	TRACY RHEAUME	3795 FLYPARK DR ROCKLEDGE, FL 32955
4) Change X Add	<u>D</u>	MARCEL RHEAUME	3795 FLYPARK DR ROCKLEDGE, FL 32955
Remove  5) Change Add Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee)		cles, enter change(s) here: (Be specific)	
			· · · · · · · · · · · · · · · · · · ·

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<del></del>	<del></del>
	<del></del>
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendmen	ı file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Signature	Tracy Rheame
J	(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)
	TRACY RHEAUME
	(Typed or printed name of person signing)
	DIRECTOR