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C. BRUMBLEY
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COVER LETTER

TO: Amendment Section Division of Corporations

MAC Activity Boa	rd Inc		
N21000005404			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Lynn Kosto			
<u> </u>	(Name of Contact Per	son)	
	(Firm/ Company)		
	(1 mm/Company)		
12645 Morning Dr., Lot 40			
	(Address)		
Dade City, FL 33525			
	(City/ State and Zip C	ode)	
lykosto@gmail.com			
E-mail address: (to be us	ed for future annual repo	ort notification	1)
For further information concerning this matter, pleas	se cull:		
Lynn Kosto	at	989	820-5531
(Name of Contact Perso	on) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		et Address endment Secti	ion

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

MAC Activity Board, Inc.						
(Name of Corporation as currently filed with the	<u>Florida I</u>	Dept. of State)				
N21000005404	<u> </u>					
(Dœun	ent Numb	er of Corporation (if k	nown)			
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	ida Statute	es, this <i>Florida Not Fe</i>	or Profit Corporation ad	lopts the	following	<u>.</u>
A. If amending name, enter the new name of the	corporat	<u>ion:</u>				
N/A					The new	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		tion" or "incorporate	d" or the abbreviation "	Corp." o	or "Inc."	
B. Enter new principal office address, if applica	ble:	N/A				
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)				
					26	
C. Enter new mailing address, if applicable:		N/A		4	1211	
(Mailing address MAY BE A POST OFFICE BOX)				1	<u>~</u> \$-	
				<u>:.</u>	- 9	
				<u> </u>	2000	
			·		===	_
 If amending the registered agent and/or registered agent and/or the new register 			enter the name of the	; -	.; ?	٠
	Lynn Kos				5	4
<u>Name of New Registered Agent:</u>						8
	12645 Me	orning Dr., Lot 40, Da	·			
New Registered Office Address:		(F	landa street address)			
	N/A		mi letali.			
	<u></u> -	(City)	, Florida <i>(Zip C</i>			
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			t the obligations of the po	osition.		
-		gnand of New Regis	tered 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 V SV	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add	<u>T</u>	_	Lisa Saltamartine	12645 Morning Dr., Lot 132 Dade City F1, 33525
 x Remove 2) Change x Add 	T		Ann O'Brien	12645 Morning Dr., Lot 105 Dade City FL 33525
Remove 3)		_		
4) Change Add		_		
Remove 51ChangeAddRemove		_		
6) (Change Add		_		
Remove E. If amending or addir (attach additional shee) N/A			cles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	(s) adoption: November 1	0, 2021			, if other than the
	November 10, 2021				
Effective date <u>if applicable</u> :	(no more than !	20 days after am	endment file date)		
Note: If the date inserted in the document's effective date on the	is block does not meet the a	applicable statute		nts, this date will no	t be listed as the

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 November 1, 2021 Signature XMM 1 UST
(By-the chairman or vice chairman of the board, president or other officer-if directors have not been delected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Ynn M. Kosto (Typed or printed name of person signing)
M, A.C. President (Title of person signing)