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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Pinellas Park Pony Baseball Inc.
DOCUMENT NUMBER: N21360
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly Goldsborough (Name of Contact Person)
Pinellas Park Pony Basebau Inc. (Firm/Company)
P.D. Box 541
Pinellas Park FL 33780 (City/ State and Zip Code)
E-mail-iddress: (to be used for future innual report notification)
For further information concerning this matter, please call:
Kimberly Goldsborough at 727-793-4941 (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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

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SECRETARY OF STATE Pony Pinellas Park (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) 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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept 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 Si	nes	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Robert C. Levesque	7621 75th Ave N. Pinellas Park, FL 33781
2) Change Add Remove	<u>5D</u>	Nancy Wright	7941 Somerset Drive Largo, FL 33773
Remove  3) Change  Add  Remove	from VP	Richard Anderson	6450 62nd Str. Pinellas Park FL 33781
4) Change Add Remove	<u>VP</u>	Neal Perri	10382 8200 Ave Pinellas Park, FL 33781
5) Change Add Remove	<u>ST</u>	Kimberly Goldsborou	pinellas Park, FL 3378
6) Change Add			
Remove		D 4 14	

If amending or adding additi attach additional sheets, if nec	essary). (Be s	pecific)	•			
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Eff	fective date if applicable: December 30±, 2015	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	e listed as the
Ad	option of Amendment(s) (CHECK ONE)	
Ø	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.	
	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)  Kinberty K. Goldsborous  (Typed or printed name of person signing)	
	Slcvetary/Tveasurer (Title of person signing)	