N21506

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hillsborough I	Rough Riders, Inc.	
DOCUMENT NUM	BER: N21506		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		/ce Garrett	
	(Name of	f Contact Person)	
	c/o Hillsborou	gh Rough Riders, Inc.	
	(Firm	n/ Company)	
	15301 H	idden Arbor Ct.	
	(Address)	
	Odess	sa, FL 33556	
	(City/ Sta	ate and Zip Code)	
		garrett@aol.com	
	E-mail address: (to be use	ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	se call:	
Joyce Garrett		at (813) 422-85	23
(Name	of Contact Person)		ime Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departmen	nt of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address	Street Address	10 01101000)
	ndment Section	Amendment Section	ione
	ion of Corporations Boy 6327	Division of Corporati Clifton Building	IOIIS
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center	er Circle

Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	ough Riders, Inc.	
(Name of Corporation as currently		mte)
	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor he following amendment(s) to its Articles of Incorp	ida Statutes, this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name of the	corporation;	
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "C		corporated" or the
B. Enter new principal office address, if applical		
(Principal office address <u>MUST BE A STREET Al</u>	DDRESS)	5
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ROX)	
(Manual Control of the Control of th		9: 08
	 	<u>\$</u> &
	·	/
D. If amending the registered agent and/or registered		nter the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	******
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age position.		ept the obligations of the
Signa	ture of New Registered Agent, if ch	 ranging

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>T</u>	Sandra van Dijk	12805 Titina Way Tampa, Fl. 33625	□ Add ☑ Remove
<u>T</u>	Joyce Garrett	15301 Hidden Arbor Ct. Odessa, Fl. 33556	Ø Add Remove
	<u> </u>		_
E. If amen (attach a	ding or adding additional Articles additional sheets, if necessary). (B	enter change(s) here: e specific)	
			

The date of each amendment(s)	adoption: June 8, 2010
• , , ,	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Sandra van Dijk (Typed or printed name of person signing)
_	Treasurer
_	(Title of person signing)