N24 CCC03816

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION: Gladictor Flag Football Inc. | | | | | | |
|---|--|--|--|--|--|--|
| DOCUMENT NUMBER: N240000 3816 | | | | | | |
| | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Christine Harrison (Name of Contact Person) | | | | | | |
| (Name of Contact Person) | | | | | | |
| Gladiator Flag Football Inc. | | | | | | |
| (Firm/ Company) | | | | | | |
| 21059 Bosco Ct | | | | | | |
| (Address) | | | | | | |
| ESTERO, FLORIDA, 33928 (City/ State and Zip Code) | | | | | | |
| (City/ State and Zip Code) | | | | | | |
| contact @ gladiator flag football.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: | | | | | | |
| Christine Harrison at 239 · 273 · 7523 (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 & ☐ \$4 | | | | | | |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

| | Articles of Amendment | |
|---|--|----------------------------------|
| | to | 4.5 |
| | Articles of Incorporation | • |
| • | of | Fair Land |
| Gladiator Flag | Football Inc | FILED |
| (Name of Corporation as currently filed with the | Florida Dept. of State) | 2024 400 |
| N24 | 000003816 | 2024 APR -8 AM 7: 30 |
| (Docum | ent Number of Corporation (if known) | Trans |
| Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation: | ida Statutes, this <i>Florida Not For Profit</i> (| Corporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | |
| | | |
| - | | The new |
| name must be distinguishable and contain the word | "corporation" or "incorporated" or the | abbreviation "Corp." or "Inc." |
| <u>"Company" or "Co." may not be used in the name</u> | · | |
| | | |
| B. Enter new principal office address, if application | | |
| (Principal office address <u>MUST BE A STREET A</u> | DDRESS) | |
| | | |
| | | |
| | | |
| 0 F | | |
| C. Enter new mailing address, if applicable: | 0.074 | |
| (Mailing address <u>MAY BE A POST OFFICE I</u> | <u>sox</u>) | |
| | | |
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| | | |
| D. If amending the registered agent and/or regis | tared office address in Florida, enter th | a name of the |
| new registered agent and/or the new registered | | e name of the |
| new registered agent audior the new register | tu 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 R | | |
| I hereby accept the appointment as registered agent | t. I am familiar with and accept the oblig | ations of the position. |
| | | |

Signature of New Registered Agent, if changing

| and address of each Of (Attach additional sheets Please note the officer/d P = President; V= Vice | ficer and/o s, if necesso irector title President; = Chief Fi | or Director being added: ary) e by the first letter of the off T= Treasurer; S= Secretar nancial Officer. If an office | fice title: y; D= Director; TR= T | rustee; C = Chairman or Clerk; CEO = Chief chan one title, list the first letter of each office |
|--|---|--|--------------------------------------|---|
| | aves the co | rporation, Sally Smith is no | | e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change, |
| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change Add Remove | - | | | |
| 2) Change Add | | | | · . |
| Remove 3) Remove Add Remove | | | | |
| 4) Change Add | | | | |
| Remove 5) Change Add | | | | |
| Remove 6) Change Add | | | | |
| Remove | | | | |
| E. If amending or additional she | | onal Articles, enter change essary). (Be specific) | e(s) here: | |
| Ad | lding | j in the mmed by | Purpose adding | of Corporation His dissolution |
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| The date of each amendment(s) adoptedate this document was signed. | tion: | | | _, if other than the |
| Effective date if applicable: | | | | |
| | (no more than 90 days a | fter amendme | ent file date) | |
| Note: If the date inserted in this block of document's effective date on the Depart | does not meet the applicable tment of State's records. | e statutory fil | ing requirements, this date will not b | oe listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were adop was/were sufficient for approval. | ted by the members and the | number of ve | otes cast for the amendment(s) | |

| 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 April 2nd, 2024 |
| Signature C+ avov |
| (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) |
| Christine Harrison |
| (Typed or printed name of person signing) |
| President. |
| (Title of person signing) |