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Division of Corporations

Florida Department of State
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TENNISNRG CHARITABLE INCORPORATED**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TENNISNRG CHARITABLE INCORPORATED

DOCUMENT NUMBER: N24000007093

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Town
(Name of Contact Person)
Legalzoom.com, Inc
(Firm/ Company)
9900 Spectrum Dr
(Address)
Austin, TX 78717
(City/ State and Zip Code)

john.leavitt@thrivent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town 800 773-0888 ext. 9724
(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 & 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
Clifton Building

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 CLERK OF COURT
 TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

TENNISNRG CHARITABLE INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

N24000007093

(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:

_____ (The 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:

(City) Florida (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

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TALLAHASSEE FL

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:

Change
 Remove
 Add

PT John Doe
V Mike Jones
SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>John Leavitt</u>	<u>204 18th Ave N</u> <u>Lake Worth Beach, FL 33460</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>Brian Boman</u>	<u>644 41st Ave CI NW</u> <u>Hickory, NC 28601</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Ruben Vargas</u>	<u>1803 Loman Linda Street</u> <u>Vernon Texas 76384</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Carlos Perez</u>	<u>3518 OLD Lighthouse Cir</u> <u>Wellington, FL 33414</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Marc Slama</u>	<u>3518 Old Lighthouse Cir</u> <u>Wellington, FL 33414</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Werner Venter</u>	<u>3518 Old Lighthouse Cir</u> <u>Wellington, FL 33414</u>

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The date of each amendment(s) adoption: 08/26/2024 if other than the date this document was signed

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 6/26/2024

Signature [Handwritten 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)

John Leavitt
(Typed or printed name of person signing)
President
(Title of person signing)

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