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## **COVER LETTER**

TO: Amendment Section Division of Corporations

5° NAME OF CORPORATION:	ΓΗ QUARTER SP	ORTS INCORPOR	ATED			
	0008440					
DOCUMENT NUMBER:	<del> </del>					
The enclosed Articles of Amendme	ent and fee are sub	mitted for filing.				
Please return all correspondence co	oncerning this matt	er to the following:				
WALLACE HOUGH						
		(Name of Contact	Person	)		
5TH QUARTER SPORTS						
		(Firm/ Compa	ny)			
PO BOX 1096						
		(Address)				
HOLLISTER, FL 32147						
		(City/ State and Zi	p Code	)		
WALLYHOUGH@5THQUARTE	ROFFICIATING.	СОМ				
E-mail a	address: (to be use	d for future annual r	eport n	otification	1)	
For further information concerning	this matter, please	e call:				
WALLY HOUGH			386 at		9375531	
(Name	of Contact Person			ea Code)	(Daytime Tel	ephone Number)
Enclosed is a check for the followi	ng amount made p	ayable to the Florid	a Depa	rtment of	State:	
□ \$35 Filing Fee □\$43 Ce	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		<u> </u>	Street /	<u>Address</u>		

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

5TH QUARTER SPORTS INCORPORATED

FILED

(Name of Corporation as currently filed with th	<u>e Florida</u>	Dept. of State)		
N24000008440			2024 AUG 27	PH 1:5
(Docur	nent Num	ber of Corporation (if known)	SECHETARY	OF STATE
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statu	ites, this Florida Not For Profit Cor	poration adopts the	Rull while
A. If amending name, enter the new name of th	e corpora	ation:		
N/A				The new
name must he distinguishable and contain the word "Company" or "Co." may not he used in the nam		ation" or "incorporated" or the abb	reviation "Corp."	or "Inc."
B. Enter new principal office address, if applica	ıble:	N/A		
(Principal office address MUST BE A STREET A		$(\underline{S})$	-	
				_
C. Enter new mailing address, if applicable:	DAY:	N/A		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BUX</u> )			
				_
D. If amending the registered agent and/or regi	stered of	fice address in Florida, enter the n	ame of the	
new registered agent and/or the new register				
Name of New Registered Agent:	N/A			
	N/A			
		(Florida street ada	iress)	
New Registered Office Address:				
	N/A		, Florida N/A	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registere	d Agent:		
I hereby accept the appointment as registered ager			ons of the position.	
-		Signature of New Registered Agent, (	if changing	
	i.	Signature oj New Kegisterea Agent, (	j 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 De V Mike Jo SV Sally S	ones			
Type of Action (Check One)	Title	Name	Address		
1) Change Add	VP	BENJAMIN T BAKER	8308 SHEILA DRIVE ST. AUGUSTINE, FL 32092		
× Remove					
2) Change Add	MGR	COREY FLEMING	661 SR-20 E PALATKA, FL 32177		
x Remove 3) x Change Add Remove	<u>v</u>	WILLIAM V ADKINS	11220 NW 134TH CIRCLE YUKON, OK 73099		
4) × Change Add	ST	LYDIA HOUGH	PO BOX 1096 HOLLISTER, FL 32147		
Remove  5) Change Add Remove	<del></del>				
6) Change Add					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  N/A					
	<u> </u>	<u> </u>			

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	<del></del>
9/20/2024	
The date of each amendment(s) adoption: 8/20/2024	, if other than the
date this document was signed.	
8/20/2024	
Effective date if applicable:	mandmant file data)
(no more than 90 days after a	тепитет зне ишез
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	atory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK_ONE)	
The amendment(s) was/were adopted by the members and the num was/were sufficient for approval.	per of votes cast for the amendment(s)

Ì	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 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)
	WALLACE HOUGH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TER SPORTS INCORPORATED
DOCUMENT NUMBER:  The enclosed Articles of Amendment and S	
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning th	are submitted for filing.
WALLACE HOUGH	is matter to the following:
	(Name of Contact Person)
5TH QUARTER SPORTS	
PO BOX 1096	(Firm/ Company)
HOLLISTER, FL 32147	(Address)
WALLYHOUGH@5THQUARTEROFFICIATD  E-mail address: (to be a For further information concerning this matter, ple WALLY HOUGH	used for fitting
(Name of Contact Pers Enclosed is a check for the following amount made	payable to the Florida Decestion (Daytime Telephone Number)
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status  Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	□ €43 3¢ mm