## N31356

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Hobe Sound Little League, Inc. NAME OF CORPORATION: N31356 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeff Reese (Name of Contact Person) Hobe Sound Little League, Inc (Firm/ Company) 5531 SE Graham Drive (Address) Stuart, FL 34997 (City/ State and Zip Code) hsll.treasurer@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicole Burr 971-5714 (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Hobe Sound Little League, Inc

(Name of Corporation as currently filed with th	e Florida	Dept. of State)		
N31356				
(Docur	nent Numb	per of Corporation (if know	vn)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	tes, this <i>Florida Not For I</i>	Profit Corporation adopts the	following
A. If amending name, enter the new name of th	e corpora	tion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ttion" or "incorporated" (	or the abbreviation "Corp." (	or "Inc."
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A		N/A		_
		· ·		_ <del>≥</del> _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	N/A		2021 SEP 20 PH
				P
		<del></del>	<del></del>	ســــ ببند
D. If amending the registered agent and/or reginew registered agent and/or the new register			ter the name of the	
Name of New Registered Agent:	Jeff Rees	se		
The second secon	5531 SE	Graham Drive		
<u>New Registered Office Address:</u>	<del></del>	(Floria	la street address)	
	Stuart		. Florida 34997	
	·	(City)	(Zip Code)	<del></del>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	<mark>Registered</mark> nt Lam fa	Agent: miliar with and accept the	obligations of the position.	
_		J-11/28	le	
	S	ionature of Now Registere	d 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	<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	Р	Chris Norton	7727 SE Heritage Blvd Hobe Sound, FL 33455
x Remove			
2) Change Add	P	Jeff Reese	5531 SE Graham Drive Stuart, FL 34997
Remove  3 ) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
N/A			
	"		

Note: If the date incerted in this block dose not			
Effective date if applicable:	are than 90 days after am	endment file date)	
The date of each amendment(s) adoption: (99) date this document was signed.			
			400-20-
•			

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

ш	adopted by the board of directors.
	Dated $9 - 11 - 2021$
	Signature  (By the chairman for vice chairman of the board, president or other officer-if directors have but been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Jeff Reese (Typed or printed name of person signing)
	President (Title of person signing)