N44779

(Requestor's Name)
(Address)
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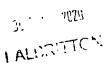


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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SSOCIATION OF BA	SKETBAL.	L OFFICIALS, INC
DOCUMENT NUMBER:	44779		
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
MAURICE WILSON			
(Name of Contact Perso	on)	
SOUTHERN ASSOCIATION OF BASKE	TBALL OFFICIALS,	INC	
	(Firm/ Company)		· · · · · · · · · · · · · · · · · · ·
11391 SECRETARIAT LANE WEST			
	(Address)		
JACKSONVILLE, FL 32218			
(1)	City/ State and Zip Cod	de)	
mdwwilson1@yahoo.com			
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please of	call:		
MAURICE WILSON	at	904	757-1063
(Name of Contact Person)		rca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Dep	partment of	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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 Articles of Incorporation of

SOUTHERN ASSOCIATION OF BASKETBALL OFFICIALS, INC

Name of Corporation as currently filed with the Florida	Dept. of State)	
N44779		
(Document Num	(Document Number of Corporation (if known) provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following to its Articles of Incorporation: Incorporation N/A	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of the corporation	ation:	
N/A		The new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name.	ration" or "incorporated" or th	ne abbreviation "Corp." or "Inc."
R Enter new principal office address if applicable	N/A	
(Principal office address MUST BE A STREET ADDRES.	<u>(2</u>)	
		,, • =
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ن ن
		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		the name of the 25
Name of New Registered Agent:	N/A	<u></u>
	(Florida str	reet address)
New Registered Office Address:		·
	N/A	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j		ligations of the position.
		•
	Signature of New Registered A	oent 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	PT John Do V Mike Jo SV Sally So	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	P	LUCAS SYNDER	1821 TANGLEWOOD ROAD JACKSONVILLE BEACH,
Remove			FLORIDA 32250
2) Change Add	<u>P</u>	TERRENCE MITCHELL	POST OFFICE BOX 26013 JACKSONVILLE, FL 32226
x Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
6) Change Add			
Remove			
(attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			
			
			

	NI/A	
The date of each amendment(s) adoption:	N/A	, if other than the
date this document was signed.		
N/A		
Effective date if annlicable:	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n	not meet the applicable statutory filing requirements, this	s 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.

Dated	SEPTEMBER 11, 2020
Signatur	Maurie D. Wilson
· ·	(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)
	MAURICE WILSON
	(Typed or printed name of person signing)
	TREASURER

(Title of person signing)