

N45129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

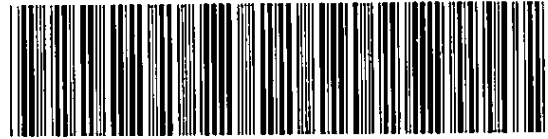
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Signature on Amendment
old resignation not needed.*

Office Use Only



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11/23/19--01033--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN 31 PM 4:25

Amend

FEB 12 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Beaches Adult Soccer League, Inc.

DOCUMENT NUMBER: N45129

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

Please return all correspondence concerning this matter to the following:

Shane Rixom

(Name of Contact Person)

Beaches Adult Soccer League, Inc.

(Firm/ Company)

701 Market Street Suite 111 #5039

(Address)

St. Augustine, FL 32095

(City/ State and Zip Code)

srixom@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
STATE
DEPARTMENT OF
CORPORATIONS
20 JAN 31 PM 4: 25

For further information concerning this matter, please call:

Shane Rixom

276 791-2494
at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

JOSHUA GRAY
BEACHES ADULT SOCCER LEAGUE, INC
3403 EMAN DR
JACKSONVILLE, FL 32216

SUBJECT: BEACHES ADULT SOCCER LEAGUE, INC.
Ref. Number: N45129

We have received your document for BEACHES ADULT SOCCER LEAGUE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Since you have completed the amendment form you do not need to file the officer/director resignation form. Please just sign the amendment and I can change and remove the officers and directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 220A00001034

2020 JAN 21 PM 1:46

Articles of Amendment
to
Articles of Incorporation
of

Beaches Adult Soccer League, Inc.

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

Beaches Adult Soccer League, Inc.

(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:

N/A

The new 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)

N/A

N/A

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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: N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida N/A
(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

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, SF as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>Daniel Pillipow</u>	<u>652 Rue Lindsay</u>
<input type="checkbox"/> Add			<u>Montreal, QC H4L 2P9 CA</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>DT</u>	<u>Shane Rixom</u>	<u>20206 Clifton Ridge Rd.</u>
<input type="checkbox"/> Add			<u>Abingdon, VA 24211</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>K.C. Braun</u>	<u>804 13th Avenue N.</u>
<input type="checkbox"/> Add			<u>Jacksonville Beach, FL 32250</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Joshua Gray</u>	<u>3403 Eman Dr.</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32216</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

October 2, 2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

October 2, 2019

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: 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.
- ☐ 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

1/29/20

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)

Jashua Gray

(Typed or printed name of person signing)

Director

(Title of person signing)