N45417

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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19 SEP -3 PMI2: 10

3 PM12: 10

amend

COVER LETTER

Division of Corporations
SUBJECT: FOSSIC PARK YOUR BASEBACC, INC. Name of Corporation
DOCUMENT NUMBER: N45417
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
FOSSIC PARK YOUTH BASEBACK, INC.
Firm/Company
6801 DR. MARTIN LUTHER KING, JR ST. NORTH
ST. PETERBURG FL 33702 ST ST
BRITTALY INFPHARIOR VALLED CO.
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person at (727) 432-0561 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

August 15, 2019

JOEY GRIMES FOSSIL PARK YOUTH BASEBALL, INC 6801 DR MARTIN LUTHER KING JR ST NORTH ST PETERSBURG, FL 33702

SUBJECT: FOSSIL PARK YOUTH BASEBALL, INC.

Ref. Number: N45417

We have received your document for FOSSIL PARK YOUTH BASEBALL, 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):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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: 719A00016904

2019 SEP -3 PH 12: 36

www.sunbiz.org

Articles of Amendment Articles of Incorporation of

Fossil Pack Your			Elorida Dent		
				, <u>, , , , , , , , , , , , , , , , , , </u>	
N 45417	ent Number	of Corporation	tif known)		
		,			
rsuant to the provisions of section 617,1006. Floridendment(s) to its Articles of Incorporation:	da Statutes,	this <i>Florida N</i>	ot For Profit C	<i>orporation</i> adopts	the following
•					
If amending name, enter the new name of the	<u>corporatio</u> i	<u>1:</u>			
me must be distinguishable and contain the word	**		anatud" ay tha	uhhamilation "Com	The new
ome mast be assinguishable and contain the word of the name.	corporatio	n or incorp	maica or inc i	иотечнион Согр	. OF THE.
Enter new principal office address, if applicab	de:				
rincipal office address MUST BE A STREET AD					
	_			- · · · · · ·	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)				·
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	-	<u> </u>			- 4
If amending the registered agent and/or regist new registered agent and/or the new registere			orida, enter the	e name of the	12 20 20 20 20 20 20 20 20 20 20 20 20 20
			_		PH 12:
Name of New Registered Agent:	Joey	_Grime	>		
_	6801	Dr. MLK	Irst N	St. Peterst	<u>via, Fuzz</u> 3
New Registered Office Address:			(Florida street	address)	
				. Florida	
-		(City)		, Florida (Zip Code)	
D. Carlotta and Co. Carlotta and Co.					
w Registered Agent's Signature, if changing Re- sereby accept the appointment as registered agent.			ccept the oblig	ations of the positio	n.
	//	216	Sun	e	
	Sign	nature of Ven	Kegistered Age	nt, 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 <math>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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	Assident	Joey Grimes	6801 Or. MLK Jr. St N St. Actersburg, FL 33702
2) Change Add Remove	Trasurer	Donavun Midelleton	5801 Dr. MLK Jrst N St. Petersburg, FL 3370
3)	Manager	Kevin Jans	same as above
4) Change Add Remove	Tr <u>eas</u> o <u>r</u> cu	<u>Cameron</u> Smith	same as about
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
(and the minimum of t	(oc. specific)
	· · · · · · · · · · · · · · · · · · ·
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The date of each amo late this document wa		n:	if other than the
Effective date <u>if appl</u>	cable: 8-2	1~19	
		(no more than 90 days after amendment file date)	
		es not meet the applicable statutory filing requirements, thent of State's records.	his date will not be listed as the
Adoption of Amenda	ent(s)	(<u>CHECK ONE</u>)	
The amendment(was/were sufficients)) was/were adopted nt for approval.	by the members and the number of votes east for the am	endment(s)
There are no mer adopted by the b		ntitled to vote on the amendment(s). The amendment(s) v	was/were
Dated	8-27-19		
Signatur	:_kara	nar MMM	
	have not been sele	or vice chairman of the board, president or other officer-if ected, by an incorporator – if in the hands of a receiver, trated fiduciary by that fiduciary)	
	Dona	San Middleton (Typed or printed name of person signing)	
		Trous vocv	