## N46202

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#	)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Name	) .
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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12/10/12--01031--017 \*\*35.00

2012 DEC 10 PH 4: 49
SECRETARY OF SIATE
ANASSEE, FLORIDA

Amend

DEC 1 1 2012

T. LEWIS

## **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: SOUTHERNMOST BOCCE LEAGUE, INC N46202 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THERESA PHELAN (Name of Contact Person) SOUTHERNMUST BOCCE LEAGUE, INC.  $\frac{POBox1732}{\text{(Address)}}$ KEY WEST, FZ 33041 (City/State and Zip Code) Frix phelan @ gmail.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at (305) 923.1194 (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 \$\Bigcup \$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

**Mailing Address** 

TO: Amendment Section

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

## **Articles of Amendment**

**Articles of Incorporation** 

FIL	ED
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20125

	of		ZUIZ DEC IO DU
SOUTHERN MOST  (Name of Corporation as currently filed to N 4 G 2 G	Bocce	LEAGUE,	/NC SECRETARY PH 4: 49
(Name of Corporation as currently filed v	vith the Florida Dept	of State)	TALLAHASSE OF STATE
N4620	2		OCE, FLORIDA

(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:

N/A	The ne
name must be distinguishable and contain the word "corporation of the word "corporation of the name of the used in the name."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1732 KEY WEST, FZ
_	KEY WEST, FC
	33040
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 ad	
Name of New Registered Agent: N/A	
New Registered Office Address:	Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
(i)	
Signature of New Registe	ered Agent, if changing

Page 1 of 4

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	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P/D</u>	NEIL MELLIES	1229 5th STREET KEYWEST, FL 33040
2) Change Add Remove	<u> </u>	WILLIAM COOK	2801 FLAGLER AVE KEY WEST, A 33040
3) Change Add Remove	<u>v/D</u>	ALLEN PALKA	3637 NORTHSIDE CT KEY WEST, FZ 33040
4) Change Add Remove	<u> 1/b</u>	JENNIFER LLOYD	902 EATON ST KEY WEST, FL 33040
5) Change Add Remove	<u>5/D</u>	THERESA PHELAN	121 SOUTH ST #3 KEY WEST, FZ 33040
6) Change Add Remove	<del></del>		

c. If amending or adding additional Art	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
NA	
NIA	
<del></del> ,	
	· · · · · · · · · · · · · · · · · · ·
	,
	<del></del>

The date of each amendment(s) adoption	n:
Effective date if applicable:	12/2/20/2
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated /2	12/2012
Signature	war wear-
	r vice chairman of the board, president or other officer-if directors cted, by an incorporator – if in the hands of a receiver, trustee, or
	ted fiduciary by that fiduciary)
	-
16	IERESA PHELAN
(Туре	d or printed name of person signing)
5	ECRETARY
(Titl	e of person signing)