N93000000889

(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:





500253952165

12/10/13--01011--007 **35.00



Amend/Mane Ta 12/30/13

TO: Amendment Section Division of Corporations

Dixie Paint Horse Club, Inc.

N93000000889

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

Please return all correspondence concerning this matter to the following:

Amanda Palmer

(Name of Contact Person)

(Pinis/ Company)

5803 E. Quicksilver Ct.

(Address)

Floral City, FL 34436

(City/ State and Zip Code)

acpalmer625@me.com

For further information concerning this matter, please call:

Amanda Palmer

430-0515

(Name of Contact Person)

Enclosed in 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 & Certificate of Status **Certified Copy**

1151.50 Filing Foo Certificate of Status

(Additional copy is enclosed)

Certified Copy (Additional Copy is Enclosed) "

Mailing Address adment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Cornerations Clifton Building 2661 Riccurive Center Circle Tallahosere, FL 32301



December 16, 2013

KIM EVANS DIXIE PAINT HORSE CLUB, INC. P.O. BOX 517 UVALDE, TX 78802

SUBJECT: DIXIE PAINT HORSE CLUB, INC.

Ref. Number: N93000000889

We have received your document for DIXIE PAINT HORSE CLUB, 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 you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

Letter Number: 713A00028474

Dixie Paint Horse C		1 2 2 2 2		OCC3/
(Name of Commention as Execu- N930000000889	may filed with the 32	orida Dent. of State)		9/
	ocupent Number of C	CALL CONTRACTOR CONTRA	<u> </u>	
	Aldering			
Pursuant to the provisions of section 6 smendiment(s) to its Articles of Incorp.		cs, this Physide Nat Por P	refit Cesposation tal	opta the following
			· .	7 7
A Kamada Paint Horse	Club, Inc.		1 <u>8 38</u>	The nec
name must be distinguishable and com "Company" or "Co." may not be used	ign the word "corpore	nion" or "incorporated"	or the abbreviation "	Corp." or "Inc."
		5803 E. Qui	cksilver Ct	
B. Enter new articipal office address (Principal office address MUST BE)				
	H. H.	Floral City, F	L 34430	<u> </u>
			<u>.</u>	<u></u>
C. Bater new mailing address. Kar (Melling address MAY BE A POS		5803 E. Qui	cksliver Ct.	<u> </u>
		Floral City, I	FL 34436	
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D. Moneydian the restatered occurs	ander resistate of	ice address in Piorida, es	ter the name of the	
new resistered arent and/or the	Margaret N			
Name of New Registered Age	Pb			
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New Registered Office Addr		(Morida acrest address)	d	1 1 1
	Green Co	ove Springs	Florida 3204	3
	(Ckt))		ip Code
New Resistered Agent's Signature.	Changiao Resistere	d Arent:		
I hereby accept the appointment as re-	gistered agent. I am f	umiliar with find accept th	e obligations of the p	orition.
		gaul (me	
	Signature of Ne	fikegistered Agent, if char	5 2	•
		Page 1 of 4		

: 15 If amending the Officers and/or Directors, enter the title and means of each officer/director being removed and dife, some, and address of each Officer and/or Director being added:

(Attack additional sheets, if micessory)

Please note the officer/director title by the first letter of the office title:

R = President; V* Vice President; T* Pressurer; S* Secretary; D* Director; TR* Transe; C = Chabrains or Clerk; CEO = Chief.

Executive Officer; CFO = Chief Planacial Officer. If an afficer/director; holds more than one title. But the first lister of each officer

beld. President, Transurer, Director would be PTD.

Changes should be noted to the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, little Jones Isover the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change.

Afthe Jones, V as Remove, and Sally Swith, SV as an Add.

Example: X Change		T W	n Doe						4.5 - 1983 3 - 1983 - 1984
X Remove		Y Y	or locat ly Swith						
Type of Action		Ith	Neure				Address		
(Check Oot)									
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^Add X							ACEOIS,	FL 3426	
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P = Practident; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairmon or Clark; CBO = Clatef Executive Officer; CFO = Chief Pinancial Officer. If an officeridirector halds more than one title, that the first letter of each affice held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mile Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Swith 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 John Don X Remove Mike Jones X Add SY Sally Smith Type of Action Name (Check One) Rachael Doern 1041 Hamilton Ave Change Longwood, FL 32750 Remove Lisa Cherry 11965 Pacco Trails Blvd. Spring Hill, FL 31610 Add Romove **Bobbie Matos** 1240 Stillwell Rd. Belle Glade, FL 33430 Add Remove Change Add Ramove Change Add Remove

If amending the Officers and/or Directors, enter the title swil an

Please note the officer/director title by the first letter of the office title:

address of each Officer and/or Director being added:

(Attack additional sheets, if necessary)

Remove

	E. If amounting or medium additional Articles, enter changes is lients: (smach additional sheets, if necessary). (Be specific)
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Page 3 of 4

The date of each assemble of adoption: May: 17, 2013

date this decentric was eigent.

Biforcive date of implicable: January 1, 2014

Frior some than 90 days offer concentrated flat date.

Adoption of Amelodinassi(s)

CHECKONE

The amendment(s) was/vern adopted by the members and the number of votes case for the amendment(s) was/vere sufficient for approval.

There are no members or members entitled to your on the amendment(s). The amendment(s) was/vere adopted by the board of directors.

December 30, 2013

Signature

By the obstrates or refer obstrates of the board, providing of the receiver, trusted, or other court appointed fiducially by that districts?)

Margaret Nippet

(Typed or printed resear of paramo signific)

(Title of person algolog)

President

Page 4 of 4