## N95000000994

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(Address)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Palm Beach Area * NAME OF CORPORATION:	Tennis Patrons, Inc.		
N9300000994 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	atter to the following	<b>;</b> :	
Hillary Knotts			
	(Name of Contac	t Person)	
	(Firm/ Comp	any)	
336 N Bromeliad			
	(Address	)	
West Palm Beach, FL 33401			
	(City/ State and Z	(ip Code)	
hknotts@blueoceancpa.com			
E-mail address: (to be us	ed for future annual	report notification	<u>n)</u>
For further information concerning this matter, pleas	se call:		
Hillary Knotts		_561 _at	818-7748
(Name of Contact Perso	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Flori	da Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certit by is Certit (Addi	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corp The Centre of T	orations

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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## Articles of Amendment to Articles of Incorporation of

	01	:. <del>-</del>
Palm Beach Area Tennis Patrons, Inc.		
Name of Corporation as currently filed with the	e Florida Dept. of State)	
N93000000994		• .
(Docum	nent Number of Corporation (if kno	wn) 57.
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the wora		or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name	<u>e</u> .	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
		<del></del>
D. If amending the registered agent and/or registered agent and/or the new register		nter the name of the
Name of New Registered Agent:		
	tFlore	da street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:	e phlications of the position
лагол, всоор спе прумнинов са гедзястей иден.	мазыты элп ини иссері т	c oraguions of the position.
_	Signature of New Registera	ed 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, SV as an Add.

Example: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change XAdd	<u>P</u>	Cynthia Kanai	P.O. Box 1353 West Palm Beach, FL 33402
Remove			
2) Change Add		_	
Remove 3 ) Change Add Remove		<u> </u>	
4) Change Add			
Remove			
5) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

•		
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		, ii other than the
Effective date if applicable:		
<u> </u>	10 more than 90 days after amendment file date)	<del></del>
	not meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Treasurer

(Title of person signing)