N95000000131

(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TAMPA B	AY VETTE	S INC.		
DOCUMENT NUMBER: N9500000	131			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
Mr. Donald K. Hawkins				
	(Name of Contact Persor	1)		
Tampa Bay Vettes Inc.				
	(Firm/ Company)			
1037 Emerald Dunes Dr	ive			
	(Address)			
Sun City Center, FL 335	73			
	(City/ State and Zip Code	e)		
jhawk1026@gma				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	call:			
Mr. Donald K. Hawkins	_{at} 813	786-0632 ode & Daytime Telephone Number)		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:		
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2014

JACK HAWKINS TAMPA BAY VETTES INC. 1037 EMERALD DUNES DRIVE SUN CITY CENTER, FL 33573

SUBJECT: TAMPA BAY VETTES INC.

Ref. Number: N9500000131

We have received your document for TAMPA BAY VETTES 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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

Letter Number: 414A00002150

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 21, 2014

JACK HAWKINS TAMPA BAY VETTES INC. 1037 EMERALD DUNES DRIVE SUN CITY CENTER, FL 33573

SUBJECT: TAMPA BAY VETTES INC.

Ref. Number: N95000000131

We have received your document for TAMPA BAY VETTES 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):

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

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

Letter Number: 714A00001369

Articles of Amendment Articles of Incorporation of



TAMPA BAY VETTES INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N95000000131

(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 Incorporati	on:	,,	,	
A. If amending name, enter the new na	me of the corporation	<u>on:</u>		
				The new
name must be distinguishable and contain "Company" or "Co." may not be used in	•	ion" or "incorporated"	or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, i		9751 ADAM	10 DRIVE	
(Principal office address MUST BE A STREET ADDRESS)		TAMPA, FL	33619	
				_
C. Enter new mailing address, if applic	ahla.			
(Mailing address MAY BE A POST O				
				**
D. If amending the registered agent and	d/or registered offic	e address in Florida, e	nter the name of the	
new registered agent and/or the new				
Name of New Registered Agent:	DONALD K.	HAWKINS		
	1037 EMER	ALD DUNES DI	RIVE	
New Registered Office Address:		(Florida street address)		
Non nog mer ou office manifester.	Sun City (Center	, Florida 33573	
	(City)		Zip Co	de)
New Registered Agent's Signature, if ch			,	
I hereby accept the appointment as registe	ered agent. I am far	niliar with and accept to	he obligations of the position	7.
	Wonald.	B.[[1](UI))]	WV	
	 Signature of New . 	Registered Agent, if cha	nging	

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 A Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P JACK HAWKIN	1073 EMERALD DUNES DRIVE
Add Remove		SUN CITY CENTER, FL 33573
2) Change	P DONALD K. HAWK	KINS 1073 EMERALD DUNES DRIVE
X Add		SUN CITY CENTER, FL 33573
Remove 3) Change Add	5 Marlene Varn	UNI 1501 Doyle Carlton Dr
Remove 4) Change Add	5 Theresa Sinps	Tampe, H. 33682 10103 Whisper Pointe Drive
Remove 5) Change Add	V Ashley De las	RIVERVIEW, FC 33691 RIVERVIEW, FC 33569
 Remove Change Add Remove 	V Ralph Girar	d 519 Courtvey DR. Temple terrace, FC

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE V LIMITATION OF CORPORATE POWERS SHALL BE AMDENDED TO STATE:
"THE CORPORATE POWERS OF THIS CORPORATION ARE ALL POWERS AS PROVIDED
IN CHAPTER 617, FLORIDA STATUTES, AND SAID POWERS ARE NOT LIMITED
BY THESE ARTICLES OF INCORPORATION UNLESS FURTHER AMENDED IN ACCORDANCE
WITH FLORIDA LAW AND THE BYLAWS OF THE CORPORATION."
ARTICLE IV SHALLBE AMENDED TO STATE: "OFFICERS WILL BE ELECTED BY MAJORITY
VOTE OF MEMBERS."

	e date of each amendment(s) adoption:	, if other than the
ate	this document was signed.	
Eff	ective date <u>if applicable:</u>	
	(no more than 90 days after amendment file date)	
Ado	option 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 3-23-14	
	Signature Vonald S. Way Kin's	
	(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)	
	DONALD K. HAWKINS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	