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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	_ Certificates of	Status
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Amend

SEP 1 2 2018

I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HEY CLUB OF WELLINGTON, INC
DOCUMENT NUMBER:	464 CLUB OF WELLINGTON, INC 195000001662
The enclosed Articles of Amendment and fee a	
Please return all correspondence concerning thi	is matter to the following:
1	n'un.
	(Name of Contact Person)
	(Firm/ Company)
2621 ARBOR	LANE
- 16	(Address)
ROVA, PANA 3	ENAH PL 33411
7/10	(City/ State and Zip Code)
Jim a Ca	PBCHAMBGE . Com be used for future annual report notification)
E-mail address: (to l	be used for future annual report notification)
For further information concerning this matter,	please call:
JIM O'WELL	at 561 578-4816
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of \$	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	ELLINGTON	
(Name of Corporation as curren	000/662	Florida Dept. of State)
	oer of Corporation (	(if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	·	
A. If amending name, enter the new name of the corporat	tion:	
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ttion" or "incorpor	The new rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	),	
		SET
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		12:
•		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.		rida, enter the name of the
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
·		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		cept the obligations of the position.
	Signature of New R.	evistered Avent 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: X Change	PT Joh	n Doe	
$\frac{X}{X}$ Remove $\frac{X}{X}$ Add		te Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	<u>P</u>	TOM CARRERAS	12962 KEY LIME BLUD
Add			WEST from BEACH  R 33412
2) X Change	VP	LARRY KEMP	2277 RIDGEWOOD GR ROYAL PALM BEACH
Add Remove 3 ) Change	<u>5</u>	TIFFANY ROORIGUEZ	FL 3341 12755 STONE PINE WAY
Add		·	WELLHAGTON  R 33414
4) X Change	T	JIM O'NOL	2621 ARBOR LANE ROYAL PALM BEACH
Remove			FL 33411
5) Change			
Add Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).		
. If an amendment provides for an exch		of issuad shows
provisions for implementing the ame (if not applicable, indicate N/A)	dment if not contained in the amend	ment itself:

	e date of each amendment(s) adoption:		, if other than the
late	te this document was signed.		
Effe	fective date <u>if applicable</u> :		
	(no more than 9	0 days after amendment file date)	
	ote: If the date inserted in this block does not meet the apcument's effective date on the Department of State's reco		be listed as the
۸dc	loption of Amendment(s) (CHECK ONE	<u>₹</u> )	
₽′	The amendment(s) was/were adopted by the members was/were sufficient for approval.	and the number of votes cast for the amendment(s)	
	There are no members or members entitled to vote on adopted by the board of directors.	the amendment(s). The amendment(s) was/were	
	Dated 9/6/2018		٠
	Signature	) 	·
		of the board, president or other officer-if directors rporator – if in the hands of a receiver, trustee, or that fiduciary)	
		NEIL	
	(Typed	or printed name of person signing)	
	TREASO	URER	
	<del></del> -	(Title of person signing)	