

N954110041516

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

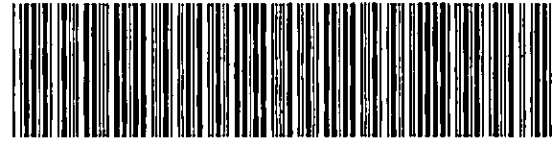
(Business Entity Name)

(Document Number)

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04/30/18--01010--024 **

S TALLENT
JUN 22 2018

[Handwritten Signature]

FILED
18 JUN 22 PM 2:08
CLERK OF SUPERIOR COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2018

KAREN PEARSON OR MELISSA ALEXANDER
FORT PIERCE POLICE ATHLETIC LEAGUE, INC.
1850 SANDHILL CRANE DR.
FORT PIERCE, FL 34982

SUBJECT: FT. PIERCE POLICE ATHLETIC LEAGUE, INC.
Ref. Number: N95000004076

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

DBA'S CANNOT BE PLACED ON THE AMENDMENT FORM. THEY MUST BE FILED SEPERATELY AND YOU MAY CALL 850-245-6059 TO OBTAIN A FICTITIOUS NAME FORM.

ONLY THE CHANGES MADE TO YOUR ARTICLES MUST BE PLACED ON PAGE 3 OF 4, INCLUDING THE 501(C)(3) LANGUAGE. WE CANNOT ACCEPT BOTH FORMS.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 718A00009022

RECEIVED
18 JUN 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FORT PIERCE POLICE ATHLETIC LEAGUE, INC.

DOCUMENT NUMBER: N95000004076

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

Please return all correspondence concerning this matter to the following:

Melissa Alexander

(Name of Contact Person)

FORT PIERCE POLICE ATHLETIC LEAGUE, INC.

(Firm/ Company)

2733 Peters Road, Unit 38

(Address)

Fort Pierce, FL 34945

(City/ State and Zip Code)

malexander@fortpiercepai.com

E-mail address: (to be used for future annual report notification)

✓

For further information concerning this matter, please call:

Melissa Alexander

772

370-0066

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Ft. Pierce Police Athletic League, Inc.

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

N95000004076

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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 address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>VD</u>	<u>Melissa Alexander</u>	<u>920 S. US Highway 1</u>
<input type="checkbox"/> Add			<u>Fort Pierce, FL 34950</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VD</u>	<u>James Buchheit</u>	<u>761 NE Jordan Terrance</u>
<input type="checkbox"/> Add			<u>Port Saint Lucie, FL 34983</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>TD</u>	<u>Karen Pearson</u>	<u>1850 Sandhill Crane Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Fort Pierce, FL 34982</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article II, amended to read as follows:

Principle place of business: 2733 PETES ROAD, UNIT #38, FORT PIERCE, FL 34945

Mailing address: 2728 SERENITY CIRCLE, FORT PIERCE, FL 34982

April 23, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

April 23, 2018

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

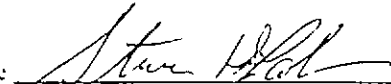
(CHECK ONE)

- ☐ 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.

April 23, 2018

Dated

Signature



(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)

Steve DiPalma

(Typed or printed name of person signing)

President

(Title of person signing)