N9100000H159

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	Softball League, Inc.		6
N97000004159 DOCUMENT NUMBER:			<u> </u>
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Angela Barbery			
	(Name of Contact Po	erson)	_
	(Firm/ Company	y)	
1045 Primera Blvd. Ste 1025			
	(Address)		
Lake Mary, FL 32746			
	(City/ State and Zip	Code)	
ambarbery@gmail.com			
E-mail address: (to be u	ised for future annual rep	ort notification	n)
For further information concerning this matter, ple	ase call:		
Angela Barbery	at	407	592-7737
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount made	c payable to the Florida I	Department of	State:
\$35 Filing Fee	& □\$43.75 Filing Fee us Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address		reet Address	
Amendment Section Division of Corporations	Amendment Section Amendment Section Division of Corporations Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Central Florida Softball League, Inc.

(Name of Corporation as	currently filed with the Florida Dept. of State)
N97000004159	7
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>×</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
New Registered Office Address.	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doc</u> c Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Sergear	Brian Hanley	1845 Common Way Rd.
Add			Unit 102
Remove			Orlando, FL 32814
2) Change	Sergear	Walter Schilling	1912 Tumblewater Blvd
Add			Ocoee, FL 34761
X Remove	V. Comi	Wesley Allen Smith	
3) Change			Apt 2010
Add Remove			Orlando, FL 32801
4) Change	Treasur	Angela Barbery	127 Heatherbrooke Cir
x Add			Oviedo, FL 32765
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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 document's effective date on the Department of State's records.	Il not be listed as the
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. Dated Signature (By the chairman or yee 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) Anthony Andreala (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Commissioner .	
(Title of person signing)	