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TO: Amendment Section Division of Corporations

The United S NAME OF CORPORATION:	States Quad Rugby Associat	ion, Inc		
N97000004842 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning the	his matter to the following:			
Sidney K Christain				
	(Name of Contact F	Person)		
United States Wheelchair Rugby Association,	, Inc			
	(Firm/ Compan	y)		
4000 Ridgeway Drive				
	(Address)			
Birmingham, AL 35209				
	(City/ State and Zip	Code)		
treasurer@usqra.org				
E-mail address: (to	be used for future annual re	port notificatio	n)	
For further information concerning this matter	r, please call:			
Sidney K Christain	a	205	835-4904	
(Name of Contact		(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 Certificate of		Certif is Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing Address Amendment Section		treet Address	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The United States Quad Rugby Association, Inc				
(Name of Corporation as currently filed with the Florida	Dept. of State)			
N97000004842				
(Document Nun	iber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corpor	ation adopts t	he fol	lowing
A. If amending name, enter the new name of the corporation	ation:			
United States Wheelchair Rugby Association, Inc.			T1	ie new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	cation" or "incorporated" or the abbrev	iation "Corp.		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> .	(2			
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4000 Ridgeway Drive			
	Birmingham, AL 35209			
D. If amonding the registered agent and/or registered of	Garaddaes in Florida, anton the nam	a of the		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		e or the	\odot	
Name of New Registered Agent:		7	<u>(-)</u>	
mane of then negatived Agent.			- }=i -	
	(Florida street address	·) **-		···.
New Registered Office Address:		•• ••	33.	. 3
		Florida = 1.7	άò	
	(City)	(Zip Cöde)	တ	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J		of the position	n.	
	Signature of New Registered Agent, if cl	ianging		

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	PT John De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	_Р	Noah Currier	21003 River Road Marengo, II. 60152
Remove			
2) Change Add	<u> </u>	Eric Ingram	5904 Mount Eagle Drive #207 Alexandria, VA 22303
X Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	
			

		
		
		
		
		
		
		- · -
The date of each amendment(s) adoption:date this document was signed.	August 29, 2020	, if other than the
Effective date if applicable:	October 2, 2020	
(no n	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not State's records.	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated _	October 2, 2020
Signature _	Sty K. Clot
ħ	y the chairman or wee chairman of the board, president or other officer-if director ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	Sidney K Christain

(Title of person signing)

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were