## N9700006063

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(Address)	
(Āddress)	
(City/State	/Zip/Phone #)
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(Documen	t Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: OLDSINAR YOUTH SCCLER ASSOCIATION, INC.
DOCUMENT NUMBER: <u>N9700006063</u>
DOCUMENT NUMBER: 14 1 1 2000 COO COO COO COO COO COO COO COO COO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ASHLEY DETLAFF (Name of Contact Person)
(Name of Contact Person)
OLDSMAR YOUTH SOCKER ASSOCIATION, INC. (Firm/Company)
(Firm/ Company)
P.O. BOX 346 ODSWAR SOCKER CLUB
(Address)
CLDS 11 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1
OLDSMAR, FL 34677) (City/ State and Zip Code)
(City) State and Zip Code)
ASHLEY DETLAFFEGMAIL, COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A 212 000 700
ASHLEY DETLAFF (Name of Contact Person)  at 813 900-7031 (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 & \$\Begin{array}c  \$43.75 Filing Fee & \$\Beta\$
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy
enclosed) (Additional Copy is
Enclosed)
<u>Mailing Address</u> Amendment Section  Street Address Amendment Section
Amendment Section Amendment Section

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

(Name of Corporation as currently filed with the Florida De	ept. of State)
N970000060	63
	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corporation" or "Co." may not be used in the name.	The new on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3170 TAMPA ROAD
(Principal office address MUST BE A STREET ADDRESS)	DLDSMAR, FL 34677
· -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 346
-	OLDSMAR, FL 34677
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent:	JACOB J. PLAZA
	4272 TREMBLAY WAY
New Registered Office Address:	(Florida street address)
PAL	M HAR 30 C. Florida 34685 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent: iliar with and accept the obligations of the position.
Figi	nature 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>Doe</u> Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	P	ASHLEY DETLAFF	1815 DRIFTWOOD CIRCLES OLDSMAR, FL 34677
Remove 2) Change Add	COMPETTIVE	DAN GRIESGRASER	PO BOX 346 OLDSMAR, FL 34677
Remove 3) Change Add Add	VIRECTOR LARKE	MICHELLE HART	PO BOX 346 OLDSMAR, FL 34677
4) Change Add	7	JACOB J. PLAZA	4272 TREMBLAY WAY PALM HARBOR, FL 34685
Remove  5) Change Add	COMMISSIONE OF COMPETITIVE	MIKE FIGGENER	PO BOX 346 BLDSMAR, FL 34677
Remove  Change  Add	COMMISSIONS RECREATION	TEVIN WATKINS	PO BOX 346 OLDSMAZ, FL 34677
	dding additional Ar sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	10/12/21			, if other than the
date this document was signed.				
Effective date if applicable:				
но т	ore 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	meet the applicable st State's records.	atutory filing requiremen	ts, this date will not b	e listed as the
Adoption of Amendment(s) (CIII	ECK ONE)			
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the nu	inber of votes east for the	amendment(s)	

	tembers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.
Dated	10/13/21
Signal	ure Ashley Deta//
	(By the chairman of 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)
	ASHLEY DOTLAFF
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)