## N9700006213

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Alachua County Fair Association, Inc NAME OF CORPORATION: N 9700000 6213 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jesse V Lewis (Name of Contact Person) Alachua County Fair Association, Inc (Firm/ Company) PO Box 5726 (Address) Gainesville, Fl 32627 (City/ State and Zip Code) alachuacountyfair@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jesse Lewis 352 359-2196 (Name of Contact Person) (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Alachua County Fair Association, Inc

15 JUL - 1 PM 1: 35

		13 302
(Name of Corporation as	s currently filed with the Flori	da Dept. of State)
N 970000	06213	
	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must he distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	e:	
Principal office address <u>MUST BE A STREET ADI</u>	DRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	NV I	
(maining dauress MAT BE A TOST OFFICE BO	<u> </u>	
	<del></del>	
	<del></del>	
D. If amending the registered agent and/or registe		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flo	orida street address)
	(City)	, Florida (Zip Code)
	•	(Zip Coue)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		the obligations of the position
петегу ассері іне арронитені из техіметей адені.	т ат јатина мин апа ассери і	ne obligations of the position.
	Signature of New Registe	ered 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPD	Michelle W Gunter	PO Box 479
Add			Melrose, Fl 32666
X Remove			
2) X Change	VPD	Ann Wilds	9130 NE 65 Lane
Add			Bronson, Fl 32621
Remove			<del></del>
3) Change	SD	Jamie Simmons	9130 NE 65 Lane
X Add			Bronson, Fl 32621
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			***************************************
Remove			
6) Change			
Add			
Remove		<b>5</b>	

utach additional sheets, if necessary).	(Be specific)
$\mathcal{L}_{\mathcal{L}}$	
	<del> </del>
	•

The	date of each amendment(s) ac	loption:	, if other than the
date	this document was signed.	•	FILED CTATE
Effe	ective date <u>if applicable</u> :		FILED STATE SECRETARY OF STATE DIVISION OF CORPORATIONS
		(no more than 90 days after amer	adment file date) 15 JUL - 1 PM 1: 35
	e: If the date inserted in this blo ument's effective date on the De	• • • • • • • • • • • • • • • • • • • •	y filing requirements, this date will not be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
M	The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of	of votes cast for the amendment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s	). The amendment(s) was/were
	Dated	127/15	
	Signature	5/.	
	have not be	map or vice chairman of the board, presen selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	
	11 0	MRY Sumins XI  (Typed or printed name of	
		(Typed or printed name of	of person signing)
	12	Vice Persipent	
		(Title of person	on signing)