## P02000086697

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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06/07/12--01012--016 \*\*35.00

DIVISION OF CORPORATIONS

12 JUN -7 PH 12: 04

Amend

JUN - 8 2012 T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	<sub>rion:</sub> Florida Moto	rcycle Training of	Lake County, Inc.
	. P0200008669	7	
	Amendment and fee are sul	•	
Please return all correspon	ndence concerning this mat	ter to the following:	
Ja	ason Kahl		
		Name of Contact Person	
<u>F</u>	orida Motorcycl	e Training of La	ke County, Inc.
		Firm/ Company	
3	55 Plaza Dr Suit	te 1	
		Address	
<u>E</u>	ustis, FL 32726		·
		City/ State and Zip Cod	e
florid	azeros@yahoo.	com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	oncerning this matter, pleas	e call:	
Jason Kahl		at(352	.) 589-1658
Name of C	Contact Person		de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment 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)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## Florida Motorcycle Training of Lake County, Inc.

(Name of Corporation as	currently filed with the Flor	ida Dept. of State	<u>:</u> )	
P02000086697				
(Documen	t Number of Corporation (if k	nown) .		<del></del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corpo	ration adopts the follow	ing amendment(s) t
A. If amending name, enter the new na	me of the corporation:		·	
			·	The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professiona	"incorporated" or the l corporation name mus	abbreviation t contain the
B. Enter new principal office address, (Principal office address MUST BE A ST	<u>if applicable:</u> TREET ADDRESS )			_
	,	,		_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	cable: OFFICE BOX)			
			<del></del>	_
D. If amending the registered agent an new registered agent and/or the new		s in Florida, ente	r the name of the	
Name of New Registered Agent	Jason Kahl			
	1314 Lake Idame	ere Blvd		
	(Florida stree	address)		
New Registered Office Address:	Tavares		, Florida_32778	
	(City)		(Zip Code)	
,				
New Registered Agent's Signature, if c. I hereby accept the appointment as regist		h and accept the o	bligations of the position	<i>a</i> . '
	IM .	• 	<u> </u>	
Si.	gnature of New Registered Ag	ent, if changing	<del></del> -	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	•
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change  X Add  Remove	<u>P</u>	JASON KAHL	1314 LAKE IDAMERE BLVD TAVARES, FL 32778
2) X Change Add Remove	_vs	ANGELA WASHO	605 N LAKESHORE BLVD HOWEY IN THE HILLS, FL 34737
3 ) × Change Add Remove	v	BRADLEY WASHO	605 N LAKESHORE BLVD HOWEY IN THE HILLS, FL 34737
4) Change	<u>VT</u>	LORA KAHL	1314 LAKE IDAMERE BLVD TAVARES, FL 32778
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exc	<u>hange, reclassification, c</u>	or cancellation of issued sha	res,
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained	d in the amendment itself:	
(ij noi applicable, maicale 1471)			
	•	á	
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The date of each amendment(s) ad	option:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
·	(voting group)
action was not required.  The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 5/25/20	012
Signature	AM
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	JASON KAHL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)