

PD90000040027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

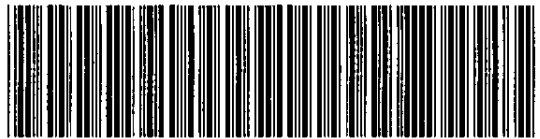
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11/05/09--01022--002 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 NOV -5 PM 2:18

Amend  
@ 11/9/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FISHHAWK SPORTING CLAYS CORPORATION

**DOCUMENT NUMBER:** 209 000040027

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNY LE

Name of Contact Person

FISHHAWK SPORTING CLAYS CORP

Firm/ Company

901 Symphony Beach Ln

Address

Apollo Beach, FL 33572

City/ State and Zip Code

LE030615@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNY LE

Name of Contact Person

at ( 813 ) 695-4009

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 &  
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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FishHawk Sporting Clays Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000040027

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 NOV -5 PM 12:18

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

THE SAME AT:

901 symphony Beach Ln

Apollo Beach FL 33572

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 3618

Apollo Beach FL 33572

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

JENNY LE

New Registered Office Address:

901 symphony Beach Ln

(Florida street address)

Apollo Beach

(City)

Florida 33572

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Jenny  
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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	HIEU LE	901 Symphony Beach Ln Apollo Beach FL 33572	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	JENNY LE	901 Symphony Beach Apollo Beach FL 33572	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	WYLIE L. HINTON	150 Cheshire Rd Bartow FL 33830	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	CAROL M. HINTON	150 Cheshire Rd Bartow, FL 33830	<input checked="" type="checkbox"/> Add

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: OCT 30, 2009

Effective date if applicable: OCT 30, 2009  
(date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/30/09

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

HIEU LE

(Typed or printed name of person signing)

V. P.

(Title of person signing)