

P13000068871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

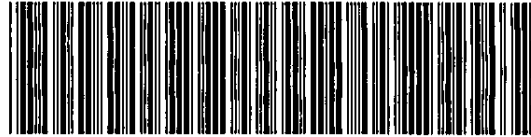
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 SEP -2 PM 2:30

FILED

SEP 04 2015
A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2015

HEATHER DOUGLAS
TAX ADVANTAGE INC
1201 NORTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

SUBJECT: POWERS VOLLEYBALL CLUB, INC.
Ref. Number: P13000068871

We have received your document for POWERS VOLLEYBALL CLUB, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00017802

REIVED

15 AUG -2 PM 1:29

DEPT OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: POWERS VOLLEYBALL CLUB, INC.

DOCUMENT NUMBER: P13000068871

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

Please return all correspondence concerning this matter to the following:

HEATHER DOUGLAS

Name of Contact Person

TAX ADVANTAGE INC

Firm/ Company

1201 NORTH THIRD STREET

Address

JACKSONVILLE BEACH, FL 32250

City/ State and Zip Code

TAXADVANTAGE@COMCAST.NET

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

For further information concerning this matter, please call:

HEATHER DOUGLAS

Name of Contact Person

at (904)

2410050

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)

*Not check
submitted*

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

RECEIVED

21 12:19

Articles of Amendment
to
Articles of Incorporation
of

POWERS VOLLEYBALL CLUB, INC.

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

P13000068871

(Document Number of Corporation (if known))

FILED
2015 SEP -2 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)

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

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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.

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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>T</u>	<u>SAMANTHA GIUDICI</u>	<u>14175 BEACH BLVD</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE, FL 32224</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>MADISON HATCHER</u>	<u>4634 ANTLER HILL DRIVE E</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE, FL 32224</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>GILBERT BERMUDEZ</u>	<u>6031 WHITE TIP ROAD</u>
<input checked="" type="checkbox"/> Add			<u>JACKSONVILLE, FL 32258</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>KRISTI JAEKEL</u>	<u>5375 ORTEGA FARMS BLVD</u>
<input checked="" type="checkbox"/> Add			<u>UNIT 1103</u>
<input type="checkbox"/> Remove			<u>JACKSONVILLE, FL 32210</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

[illegible]

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)

AUGUST 19, 2015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

AUGUST 19, 2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/18/15

Signature

Sarah Barnhard

(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)

SARAH BARNHARD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)