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FALLAHÁSSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ SE WANNEE VALLEY RACING ASSOCIATION INC. DOCUMENT NUMBER: P16000009114 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wesley Cox Name of Contact Person Firm/ Company 637 Cox Lane Address Quincy FL 32351 City/ State and Zip Coar peppystune@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 933 4469

Area Code & Daytime Telephone Number Wesley Cox Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State 43.75 Filing Fee & ☐ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee

> Certified Copy (Additional copy is

enclosed)

Mailing Address

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

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment Articles of Incorporation of

	(Name of Corpo	ration as currentl	y filed with the Florida	Dept. of State)		
16000009114						
. <u></u>	(Do	cument Number o	Corporation (if known	1		
ursuant to the provis s Articles of Incorpo	ions of section 607,1006, Floration:	orida Statutes, this	Florida Profit Corporat	ion adopts the follo	wing ame	ndment
. If amending nam	e, enter the new name of th	e corporation:				
.0X V.Fee	Cox Cre	e4 Inc	=		The	new.
Inc.," or Co.," or	ishable and contain the word the designation "Corp," "I sional association," or the al	ne," or "Co". A	t professional corporat	ated" or the abbrev ion name must con	iation "Ce ntainrthe	orj., word
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		ıble:			<u>:ÿ</u>	
					_ &	·
					<u>.</u>	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		ROX)			9	
. If amending the	registered agent and/or reg	istered office add	ress in Florida, enter th	e name of the		
new registered as	gent and/or the new registe	red office address	<u>:</u>			
Name of Nev	v Registered Agen					
		Elouida eta	eet address)			
		(Fioriaa sii	eer aaaressr			
<u>New Register</u>	red Office Address:		(City)	, Florida	Zip Code)	
ew Registered Age hereby accept the ap	nt's Signature, if changing opointment as registered age	Registered Agent nt. I am familiar v	<u>:</u> with and accept the oblig	gations of the positi	on.	
		Sanature of New R	egistered Agent, if chan	2011S.	-	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	<u>John Do</u>	<u>se</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				•
		·		
	·	<u> </u>		
				
If an amendment provides for an excl	hange, reclassificati	on, or cancellation	of issued snare.	
provisions for implementing the ame (if not applicable, indicate N/A	indment if not conta	ained in the amendi	nent itse;.	
ty nor approxime manual con-				
<u> </u>				
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			·	

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONF	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s).	alement :
"The number of votes cast for the amendment(s) was/were sufficient for approval	
ř:	
(voting group)	
Dated	
Signature wind meg	
(By a director, president or other officer – if directors or officers have not e selected, by an incorporator – if in the hands of a receiver, trustee, or other	
Wesley M Cox	
(Typed or printed name of person signing)	
President	

Fitle of person signing)