P7000007767		
(Requestor's Name) (Address) (Address)	500295411795	
(City/State/Zip/Phone #)		
(Document Number) Certified Copies Certificates of Status	02/16/1701013024 ★★35.00	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MID FLORIDA TRACTOR PULLERS ASSOCIATION IN DOCUMENT NUMBER: P17000007767 FEI/EIN 81-503056

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

Please return all correspondence concerning this matter to the following:

KODNEY D. SWIFT Name of Contact Person MID Florida Gractor Pullers asso Firm/ Company Ane 9360 NE 168 Terrace Anthony FL 33617 City State and Zip Code Sleeth davis Q . com V

For further information concerning this matter, please call:

at (\_ 352, )\_ 427-3776 (O)NE4

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:

S35 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

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	f Amendment	
	to Incorporation	
	of	<i>(</i> )
MID FLORIDA TRACTOR	PULLERS Associa	tion NC.
	ntly filed with the Florida Dept. of State)	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is <i>Florida Profit Corporation</i> adopts the fe	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word " corporat		TheThe
"Corp.," "Inc.," or <i>Co.</i> ," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation B. <u>Enter new principal office address, if applicable:</u> ( <i>Principal office address MUST BE A STREET ADDRESS</i> )		
· · · · · · · · · · · · · · · · · · ·		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
	<u></u>	
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida,	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia		
r nerviy accept the appointment as registered agent. I am jamina	a wan and accept the obligations of the pos	mum.

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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:

<u>X Change</u> <u>PT</u> John Doe <u>X Remove</u> <u>V</u> <u>Mike Jones</u>

<u>X</u> Add

Type of Action

1) \_\_\_\_ Change

\_\_\_\_ Add

(Check One)

Title

<u>SV</u>

Sally Smith

<u>Name</u>

Address

aparelli

585 Bahia Cincle cala, FL 34472

Kemove

2) \_\_\_\_ Change K \_ Add

RODNEY DSWIFT

Brianm Ca

JEFF WOOD

letive Garder

\_\_\_\_\_ Remove 3) \_\_\_\_ Change

\_\_\_\_\_ Remove

4) \_\_\_\_ Change

٨dd

\_\_\_ Remove

51 \_\_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_\_ Remove

6) \_\_\_\_ Change

\_\_\_\_\_ Add

\_\_\_\_\_ Remove

	<u>ticles, enter change(s) here:</u> . <i>(Be specific)</i>
·	
an amendment provides for an exc provisions for implementing the am	change, reclassification, or cancellation of issued shares, rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Rendered in the american sector

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Effective date if applicable:		
Effective date <u>if applicable</u> : (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 a document's effective date on the Department of State's records.		
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
	oved by the shareholders through voting groups. <i>The following statement</i> each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
1	(voling group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop	ted by the incorporators without shareholder action and shareholder	
action was not required.		
•	15 ~ [[	
Dated		
Signature	Audra M. Aunel	
(By a dir	ector, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	here of the Aire	