## P93000022990

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	<u>-</u>
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Entertainment Coaches of America, Inc. DOCUMENT NUMBER: P93000022990 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: J. Theodore Schatt Name of Contact Person Schatt & Hesser, P.A. Firm/ Company PO Box 4440 Address Ocala, FL 34478 City/ State and Zip Code tschatt@schatthesser.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352 ) 789-6520

Area Code & Daytime Telephone Number Ted Schatt Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ALL MONTH AND SE

## Articles of Amendment to Articles of Incorporation of

Entertainment Coaches of America, Inc.

		iled with the Florida Dept. of State)
( <u>Name</u>	of Corporation as currently f	iled with the Florida Dept. of State)
P930000222990		8
	(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.	1006, Florida Statutes, this Flo	orida Profit Corporation adopts the following amendment
A. If amending name, enter the new na	ame of the corporation:	
	ation "Corp." "Inc," or "Co tion," or the abbreviation "P.: if applicable: TREET ADDRESS )	The new "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4."
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the name of the
Name of New Registered Agent	J. Theodore Schatt	
	328 NE 1st Ave., Suite 100	
	(Florida street	address)
New Registered Office Address:	Ocala	. Florida 34471
	(Ci	

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: X Change	<u>PT</u>	John Doc				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>1</u>	Name	Address		
i) Change	D/P/AT	ſ <i>!</i>	Amber Deanne Calhoun	Leesburg		
Add XX Remove						
2) XX Change	D/VP/S	S I	Oustin Windell Calhoun	31017 Airway Road		
Add				Leesburg, FL 34748		
Remove 3) XX Change	D/P/T		Sherry Lynn Calhoun	31017 Airway Road		
Add				Leesburg, FL 34748		
Remove						
4) Change						
Add Remove						
5) Change						
Add						
Remove				-		
6) Change						
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)
	·
<del></del>	
	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9 //0/ 14/4/ // // // // // // // // // // // //	
·	

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)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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  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)  Typed or printed name of person signing)	_
(Typed or printed hame of person signing)	
President	<u></u>
(Title of person signing)	