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	<i>(LVANIA DEPARTMEN)</i> U OF CORPORATIONS	LE ORGANIZATIONS	Pennsyl	vania Department of State		
	document by mail to:			4	-FILED-	
1 -	OFIT ADVISOR GROUP		Change of	J D-1- La	nent #: 0003628872 ed: 11/28/2022	
Name PO BOX 64438			DSCB:15-15 (re	나	1	
Address COLOBAI	DO SPRINGS CO	80962				
City	State	Zip Code				
Return	document by email to: service@n	onprofitadvisor.org	· · · · · · · · · · · · · · · · · · ·	15076	II CAM	
Read	all instructions prior to comple	ting. This form may l	ne submitted online at https:	//www.co	rporations.pa.gov/.	
Fee: \$5	The type of domestic associ	ation (check only one)) :			
	☐ Business Corporation ☐ Nonprofit Corporation	☐ Limited Liabilit☐ Limited Partner		Liability	Limited Partnership	
change of limited lia	ance with the requirements of registered office), the undersignal bility limited partnership, designed of the association is:	gned domestic corpora ring to effect a change	ation, limited liability comp e of registered office, hereby	any, limit	ed partnership or	
					00.6)	
	rrent registered office address	•	•	•	• •	
\ - "	WINDING RIVER LANE	PHOENIXVILLE City	PA 19 State	460-5101 Zip	CHESTER	
14	annot an stock	City	State	ZΨ	County	
(b) c/o:	Name of Commercial Registered O	ffice Provider		<u></u>	County	
3. New a (a) The	Name of Commercial Registered Of ddress. Complete part (a) OR address in this Commonweal	(b) - not both: th to which the registe		a, limited	·	
3. New a (a) The	Name of Commercial Registered Onderess. Complete part (a) OR address in this Commonweal y limited partnership or limited	(b) not both: th to which the registe l liability company is	to be changed is:		partnership, limited	
3. New a (a) The liability	Name of Commercial Registered Of ddress. Complete part (a) OR address in this Commonweal	(b) - not both: th to which the registe	to be changed is: PA 19	a, limited 333 Zip	•	
3. New a (a) The liability 79 OLD No.	Name of Commercial Registered Onderess. Complete part (a) OR address in this Commonweal will limited partnership or limited FORGE CROSSING	th to which the registed liability company is DEVON City ration, limited partner my shall be provided to	to be changed is: PA 19 State ship, limited liability partne	333	partnership, limited CHESTER County	
3. New a (a) The liability 79 OLD No. (b) The partner of one of the contract of the contra	Name of Commercial Registered Onderess. Complete part (a) OR address in this Commonweal will limited partnership or limited FORGE CROSSING number and street are gistered office of the corpoship or limited liability compa	th to which the registed liability company is DEVON City ration, limited partner my shall be provided to	to be changed is: PA 19 State ship, limited liability partners:	339 Zip rship, lim	partnership, limited CHESTER County ited liability limited County	
3. New a (a) The liability 79 OLD N (b) The partner c/o: 4. For cost	Name of Commercial Registered Orddress. Complete part (a) OR address in this Commonweal with limited partnership or limited FORGE CROSSING number and street are registered office of the corporation or limited liability companies.	th to which the registed liability company is DEVON City ration, limited partner my shall be provided to the provider was authorized by the resigned has caused this eneral partner, members.	PA 19 State Ship, limited liability partner by: Board of Directors of the construction of the constructi	333 Zip rship, lim orporation f Change 26th	partnership, limited CHESTER County ited liability limited County a. of Registered Office to day of	
3. New a (a) The liability 79 OLD N (b) The partner c/o: 4. For cost IN TESTI be signed	Name of Commercial Registered Orddress. Complete part (a) OR address in this Commonweal plimited partnership or limited partnership or limited partnership or limited partnership or limited process and street are registered office of the corporation or limited liability companies of Commercial Registered Orthogonal Process only: Such change MONY WHEREOF, the underly a duly authorized officer, g	th to which the registed liability company is DEVON City ration, limited partner my shall be provided to the provider was authorized by the resigned has caused the reneral partner, members.	PA 19 State Ship, limited liability partner ship, limited liability partner by: Board of Directors of the constant or Certificate of the constant or manager thereof this	333 Zip rship, lim orporation f Change 26th ATIC CEN	partnership, limited CHESTER County ited liability limited County a. of Registered Office to day of TER, INC.	
3. New a (a) The liability 79 OLD No (b) The partner c/o: 4. For cost IN TESTI be signed PA Di	Name of Commercial Registered Orddress. Complete part (a) OR address in this Commonweal will limited partnership or limited FORGE CROSSING number and street aregistered office of the corporation or limited liability companies of Commercial Registered Orporations only: Such change MONY WHEREOF, the under by a duly authorized officer, goodcober , 20 22	th to which the registed liability company is DEVON City ration, limited partner my shall be provided to the provider was authorized by the resigned has caused the reneral partner, members.	PA 19 State Ship, limited liability partner Board of Directors of the color or manager thereof this	action or poration or poration of Change 26th	partnership, limited CHESTER County ited liability limited County n. of Registered Office to day of TER, INC. Partnership/ d hiability Company	

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Pennsylvania Department of State

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Return document by mail to:		•	Articles o	Amendment #: 0003637340
NON PROFIT ADVISOR GROUP			Domesti	Date Filed: 12/12/2022
Name PO BOX 64438			DSCB:15-1915	
Address COLORADO SPRINGS CO	80962	2		
City State	Zip Coo	do		
Return document by email to: Service	@nonprofitadvisor	rost		1915
Read all instructions prior to com	_		ted online at https:	//www.corporations.pa.gov
Fee: \$70				
Check one: Business Con	rporation (§ 1915)	✓ Nonpr	rofit Corporation (§ 5915)
In compliance with the require undersigned, desiring to amend its art			s (relating to article	es of amendment), the
1. The name of the corporation	is:			
VALLEY FORGE AQUATIC CE				
VALLETT ORGETAGOTTIO GL	THE THE			
2. The (a) address of this corpo commercial registered office (Complete only (a) or (b), no (a) Number and Street	provider and the c			County
79 OLD FORGE CROSSING	DEVON	PA	19333	CHESTER
(b) Name of Commercial Regis			County	
3. The statute by or under which	h it was incorporat	ed: <u>§5308</u>		
4. The date of its incorporation	: 03/15/2018 (MM/DD	VYYYY)		
5. Check, and if appropriate co	mplete, one of the j	following:		
The amendment shall be e	effective upon filing	g these Articles	of Amendment in	the Department of State.
The amendment shall be e				

PA DEPT. OF STATE

DEC 1 2 2022

DSCB:15-1915/5915-2

6. Check one of the following:				
The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).				
The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).				
7. Check, and if appropriate complete, one of the j	following:			
The amendment adopted by the corporation, set forth in full, is as follows				
CHANGE NAME OF CORPORATION TO:				
GREATER PHILADELPHIA AQUATIC ASSOCIATION, INC.				
The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.				
8. Check if the amendment restates the Articles:				
The restated Articles of Incorporation supersede the original articles and all amendments thereto.				
	IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this			
	GREATER PHILADELPHIA AQUATIC ASSOCIATION Name of Corporation Signature DIRECTOR			
	Title			

PENNSYLVANIA DEPARTMENT OF STATE	
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATION	NS

Pennsylvania Department of State

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Return document by mail to:	Annual Statement Amendment #: 0012898775
NON PROFIT ADVISOR GROUP	Date Filed: 1/23/2023
Name PO BOX 64438	(rl,
Address COLORADO SPRINGS CO 80962	
City State Zip Code	i shalat bisət fibəy sigir batı danı
Return document by email to: service@nonprofitedvisor.org	5110

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: None

In compliance with the requirements of 15 Pa.C.S. § 5110 (relating to annual report), the undersigned domestic or qualified foreign nonprofit corporation, hereby states that:

- 1. The name of the corporation is:
 GREATER PHILADELPHIA AQUATIC ASSOCIATION, INC.
- 2. The address of its principal office is:

 79 OLD FORGE CROSSING DEVON PA 19333 CHESTER

 Number and street City State Zip County
- 3. The names and title of the persons who are its principal officers are:
 Names Titles

 GEOFFREY MEYER DIRECTOR

 STEPHEN DOUGHERTY DIRECTOR

 FRANCIS GERACI DIRECTOR

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Annual Statement to be signed by a duly authorized officer thereof this

26th day of October

2022

GREATER PHILADELPHIA AQUATIC ASSOCIATION, INC

Nam

GEOFFREY MEYER

Signature

DIRECTOR

Title

PA DEPT OF STATE