

No 30000007046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

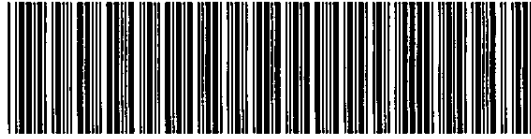
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 14 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2012

LAUREL GIARDINA
BULLETS BASEBALL, INC
3630 BLOOMINGDALE AVE
VALRICO, FL 33596

SUBJECT: BULLETS BASEBALL, INC.
Ref. Number: N03000007046

We have received your document for BULLETS BASEBALL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to change officers/directors you completed the wrong form. The amendment form is the proper form to use.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tina Roberts
Regulatory Specialist II

Letter Number: 612A00028621

copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2012

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BULLETS BASEBALL, INC
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VALRICO, FL 33596

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Tina Roberts
Regulatory Specialist II

Letter Number: 612A00028621

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bullets Baseball, Inc.

DOCUMENT NUMBER: NO3000007046

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

Please return all correspondence concerning this matter to the following:

Laurel Giardina
(Name of Contact Person)

Bullets Baseball, Inc
(Firm/ Company)

3630 Bloomingdale Ave
(Address)

Valrico, FL 33596
(City/ State and Zip Code)

Angels1100@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurel Giardina at (813) 215-7586
(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:

RECEIVED
12 DEC 14 AM 11:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLHASSEE, FLORIDA

- \$5 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

See attached copy of letter \$3500 paid already

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bullets Baseball, Inc
Name of Corporation

DOCUMENT NUMBER: N03000007046

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurel Giardina
Name of Contact Person
Bullets Baseball, Inc
Firm/Company
3630 Bloomingdale Ave
Address
Valrico FL 33596
City/State and Zip Code
angels1100@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurel Giardina at 813, 215-7586
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
12 DEC 14 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bullets Baseball, Inc.

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

N03000007046

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(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.

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Lori Moses</u>	<u>2708 Mock Orange Court</u> <u>Valrico, FL</u> <u>33596</u>
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Thomas J Matthews</u>	<u>3321 Silver Moon Drive</u> <u>Plant City, FL</u> <u>33566-0727</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Laurel Giardina</u>	<u>3630 Bloomingdale Ave</u> <u>Valrico, FL</u> <u>33596</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
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)

N/A

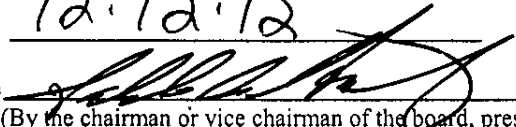
The date of each amendment(s) adoption: 11.16.12

Effective date if applicable: 11.16.12
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12.12.12

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Salvatore A. Giardipa
(Typed or printed name of person signing)
President
(Title of person signing)