## P10000024880

| (Re                     | equestor's Name)   |                 |
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| (Ad                     | Idress)            |                 |
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| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | usiness Entity Nam | ne)             |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA           | ATION: Athlete Institute, In   | c.   |  |
|---------------------------|--|--|--|
| DOCUMENT NUMBE            | ER: P10000024880   |  |  |
|                           | f Amendment and fee are sub  | omitted for filing.  |  |
| Please return all corresp | ondence concerning this mat  | ter to the following:  |  |
| A                         | Amber McGillicuddy   |  |  |
| -                         |  | Name of Contact Person   | 1  |
| · .                       | Athlete Institute, Inc   |  |  |
| _                         |  | Firm/ Company  |  |
| 4                         | 523 Del Prado Blvd S. Unit   |  |  |
| _                         |  | Address  |  |
| (                         | Cape Coral, FL 33904   |  |  |
|                           | · · · · · · · · · · · · · · · · · · ·                                  | City/ State and Zip Code   |  |
|                           |  |  |  |
| getedu                    | cated@athleteinstituteinc.cor  |  |  |
|                           | E-mail address: (to be us  | ed for future annual report  | notification)  |
| For further information   | concerning this matter, pleas  | e call:  |  |
| A sales MacCillia del     |  | 220  | 660 2241   |
| Amber McGillicuddy        |  | at (   | ) 560-3341<br>de & Daytime Telephone Number  |
| Name of                   | Contact Person   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for   | the following amount made p  | payable to the Florida Depa  | rtment of State:   |
| ■ \$35 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) |
| Amen<br>Divisi<br>P.O. I  | ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of



Athlete Institute, Inc.

15 SEP 14 PM 3: 25

| Athlete Institute, Inc.  |                              | 10 02   |
|--|------------------------------|---|
| (Name o  | f Corporation as currentl    | y filed with the Florida Dept. of State)  |
| P10000024880   |                              |   |
| · · · · · · · · · · · · · · · · · · ·  | (Document Number o           | f Corporation (if known)  |
| Pursuant to the provisions of section 607. ts Articles of Incorporation:               | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following amendment(s)  |
| A. If amending name, enter the new na  | me of the corporation:       |   |
| N/A  | _                            | The new   |
|  | ation "Corp," "Inc," or "    | n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| P. Entan navy principal office address   | if analiaabla.               | N/A   |
| 3. Enter new principal office address,<br>Principal office address <u>MUST BE A S</u>  |                              |   |
|  |                              |   |
|  |                              |   |
| Enter new mailing address, if appli  | rahle:                       |   |
| (Mailing address MAY BE A POST   |                              | N/A   |
|  |                              |   |
|  |                              | <del></del>   |
|  |                              |   |
| ). If amending the registered agent an   |                              |   |
| new registered agent and/or the nev  |                              | <u>4</u>  |
| Name of New Registered Agent   | Amber McGillicuddy           |   |
|  | 4523 Del Prado Blvd S. U     | nit A   |
|  | (Florida str                 | reet address)   |
| New Registered Office Address:   | Cape Coral                   | , Florida 33904   |
|  |                              | (City) (Zip Code)   |
|  |                              |   |
|  |                              |   |
| New Registered Agent's Signature, if character hereby accept the appointment as regist |                              | <u>:</u><br>with and accept the obligations of the position.  |
| 3,1  |                              |   |
|  | <i>1</i>                     | 1100  |
| <u></u>  |                              | 1 the las   |
|  | Signature of New R           | 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             | PT           | John Doe                              |                      |
|-------------------------------|--------------|---------------------------------------|----------------------|
| X Remove                      | <u>v</u>     | Mike Jones                            |                      |
| X Add                         | <u>sv</u>    | Sally Smith                           |                      |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>                           | Address              |
| 1) Change                     | CEO          | Matthew J. Frommelt                   | 2004 se 8th ave      |
| Add                           |              |                                       | cape coral fl, 33990 |
| Remove                        |              |                                       | ·····                |
| 2) Change                     |              | <u> </u>                              |                      |
| Add                           |              |                                       |                      |
| Remove                        |              |                                       |                      |
| 3) Change                     |              |                                       |                      |
| Add                           |              |                                       |                      |
| Remove                        |              |                                       |                      |
| 4) Change                     |              |                                       |                      |
| Add                           |              |                                       |                      |
| Remove                        |              |                                       | · <del></del>        |
| 5) Change                     |              |                                       |                      |
| Add                           |              | · · · · · · · · · · · · · · · · · · · |                      |
| Remove                        |              |                                       |                      |
| 6) Change                     |              |                                       |                      |
| Add                           |              |                                       |                      |
| Remove                        |              |                                       |                      |

| If amending or adding additional A (Attach additional sheets, if necessary | y). (Be specific)   |  |
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| If an amendment provides for an e  | exchange, reclassification, or cancellation of issued shares, |  |
| provisions for implementing the a  | amendment if not contained in the amendment itself:           |  |
| (if not applicable, indicate N/A   | (1)   |  |
| 0% of shares are to be issued to Amb                                       | per McGillicuddy  |  |
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| **Steffective date if applicable:**  **Op-09-2015*  **One more than 90 days after amendment file date)**  **In amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were approved by the shareholders through voting groups. The following stateme 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 **N/A*  **In 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.  **Op-09-2015**  **Dated**  **Dated**  **Dated**  **Op-09-2015**  **Dated**  **A. M. A. L.  | FIGHT OF STATE OF THE PM 3: 25  e will not be listed as the |
|---|---|
| Effective date if applicable:  (no more than 90 days after amendment file date)  (no more than 90 days after amendment file date)  (no more than 90 days after amendment file date)  (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 document's effective date on the Department of State's records.  (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 stateme 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.  109-09-2015  Dated  Signature  A.A. M. A.L.L.J.L.J.L.J.L.J.L.J.L.J.L.J.L.J.L.J.  | P 14 PM 3: 25   |
| **Context** (In a more than 90 days after amendment file date)** 15 SE  **Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.  **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 stateme 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 N/A (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.  **Op-09-2015**  Dated**  Signature**  **Ad. **Add. **Ad. **Add. |   |
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| action was not required.  09-09-2015  Dated  Signature   A M Alleddak   |   |
| Signature and Middledak   |   |
| Signature and Middledok   |   |
| 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 courappointed fiduciary by that fiduciary)  |   |
| Amber McGillicuddy  |   |
| (Typed or printed name of person signing)   |   |
| President   |   |
| (Title of person signing)   |   |
|   |   |