SIGNATURE:

1		0000538			FILED	
1. Entity Name OS GOLF, LTD.				FILED SECRETARY OF STATES DIVISION OF CORPORATIONS		
Principal Place of Business  550 NORTH REO STREET. SUITE 200  TAMPA FE 93609  TAMPA FI 33609-1936			SUITE 200		00 APR 13 PM 5: 29	
2 Principal P	Ince of Business	3. Mailing Address		<u> </u>		
2. Principal Place of Business  3. Mailing Address  2202 North West Shore Boulevard  2202 to North West Shore Soulevard  2202 to North West Shore Soulevard			- <del> </del>	antaun-A		
l_&			nore B	oulevalu	DO NOT WRITE IN THIS SPACE	
City & State City & State		5th Floor City & State Tampa, Florida			4. FEI Number 59-3497428 Applied For Not Applicable	
33607	Country USA	33607	Count	y USA	5. Certificate of Status Desired	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Address of New Registered Agent	
				Name 7/	Ose of ? Kadow	
KADOW, JOSEPH J				s (P.O. Box Number is Not Acceptable)		
550 NORTH REO STREET, SUITE 200 TAMPA FL 33609			-	2202 N. West Shore Blvd., 5th Floor  CityTampa, Florida 33607 FL Zip Code		
			}			
		- A			ered agent, or both, in the State of Florida.	
SIGNATURE _		nt angular if applicable (NOTE	al Contrib	Agent signature require	red when reinstating)  ATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as Shown	A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY MI	JST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNE		13.		ADDDESS CHANGES ONLY	
DOCUMENT# NAME	DOCUMENT # A9800000536 NAME OUTBACK SPORTS, LTD.			T ADDRESS	2202 N. West Shore Blvd., 5th Floor	
STREET ADDRESS CITY-ST-ZIP	55 <del>0 North Reo Street, Sul</del> Tamp <del>a Fl 33609</del>	<del>TE 20</del> 0	спу-	ST-ZIP	Tampa, Florida 33607	
DOCUMENT# NAME			STREE	ET ADDRESS	<b>80000</b> 32 <b>17</b> 2381 -04/21/0001002007	
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DOCUMENT#			STREE	ET ADORESS		
STREET ADDRESS CITY-ST-ZIP			СПҮ-	ST - ZIP	<u>.                                    </u>	
DOČUMENT# NAME			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				ST-ZIP		
14. I hereby of indicated the receive	certify that the information supplied wi on this report is true and accurate an error trustee empowered to execute t	ith this filing does not qualify for to that my signature shall have t his report as required by Chapt	the exer the same er 620, F	nption stated in legal effect as i lorida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	