L30450

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHOOTING SPOR	RTS UNLIMITED, INC		
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
I	PAUL SMYTH			
-		Name of Contact Person	1	
	SMYTH & HAUCK PA			
-		Firm/ Company		
•	631 US HWY ONE, STE 41	- ·		
-		Address		
1	NORTH PALM BEACH, FL	ORIDA 33408		
-		City/ State and Zip Cod	e	
TAXA	.DVISORS@SMYTHHAUC	CKCPA.COM		
	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
PAUL SMYTH		at (848-9300	
Name o	f Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
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

SHOOTING SPORTS UNLIMITED, IN	C.			
(Name	of Corporation as currentl	y filed with the Florida Dep	t. of State)	
L30450				
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendme	ent(s) t
A. If amending name, enter the new na	ame of the corporation:			
			The new	v
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpor	orated" or the abbreviation ation name must contain the	1 2
B. Enter new principal office address,		3125 FORTUNE WAY		
(Principal office address <u>MUST BE A S</u>		SUITE 15	Print C	五二
		WELLINGTON, FL 3341	4 85	10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 210969	79 P	0
		ROYAL PALM BEACH,	FL 33421	ں نر
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		<u>*</u>	me of the Change Only)
Name of New Registered Agent	3125 FORTUNE WAY, S			
	(Florida street address)			
New Registered Office Address:	WELLINGTON	,	. Florida	
<u>New Registered Office Address.</u>	(City)		(Zip Code)	
•				
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent tered agent. I am familiar (<u>:</u> with and accept the obligation	s of the position.	
·			-	
	Signature of New I	Registered Agent, if changing	Not a Ne	'n
			Restrict	faci

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	JERRY N BURFORD	336 SCARBOROUGH TERRACE
X Add			WELLINGTON, FL 33414
Remove			
2) Change	<u>v</u>	COLLEEN M BURFORD	336 SCARBOROUGH TERRACE
X Add			WELLINGTON, FL 33414
Remove			
3) X Change	CEO	JOSEPH L FORDHAM	P O BOX 210969
Add			ROYAL PALM BEACH
Remove		,	FLORIDA 33421
4) X Change	CFO	BETTY R FORDHAM	PO BOX 210969
Add			ROYAL PALM BEACH
Remove			FLORIDA 33421
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach addition	adding additional al sheets, if necessa	ry). (Be specific				
						
	 					
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an amendme	nt provides for an	exchange, reclas	sification, or can	cellation of issue	d shares	
<u>provisions for</u>	implementing the	<u>amendment if no</u>	t contained in th	e amendment its	elf:	
(if not app	licable, indicate N/A	4)				
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The date of each amendment(s) a date this document was signed.	adoption:	if other than th
_	JUNE 14, 2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this pepartment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment of the sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following stater each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	lopted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were ad action was not required.	dopted by the incorporators without shareholder action and shareholder	
DatedSignature	17/2016	
(By a)	effector, president or other officer - if directors or officers have not be	en
	ed, by an incorporator – if in the hands of a receiver, trustee, or other onted induciary by that fiduciary)	ouri .
	JERRY N BURFORD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	