Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000287644 3)))



H170002876443ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number: I19990000015 Phone

: (727)461-1111

Fax Number

: (727)461-6430

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

1.5! 0.3 2017

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EXTRA INNINGS YOUTH FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED H17000287644 3 17 NOV -1 AM 8: 22

Articles of Amendment to SECKETARY OF STATE Articles of Incorporation TALLAHASSEE FEORIDA

EXTRA INNINGS YOUTH FOUNDATION, INC.	
(Name of Corporation as currently filed with the Florida Dent. of State)	
N00000004830	
(Document Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the tendment(s) to its Articles of Incorporation:	following
If amending name, enter the new name of the corporation:	
I BASEBALL ACADEMY, INC.	The new
me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." o Company" or "Co." may not be used in the name,	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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:	
(Florida street address)  New Registered Office Address:	
(City) (Zip Code)	
v Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Pagintered Agent if changing	

Page 1 of 4

H17000287644 3

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 X Remove X Add	<u>PT</u> <u>V</u> SY	John Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		-		
Remove				
5) Change		•		
Add				
Remove				
0 0				
δ) Change				
Add				
Remove				

H17000287644 3

If amending or ad-	ding additional Art	icles, enter chan	ge(s) here:			
(mines) unumbrial si	neers, y necessary).	(De specific)				
		·				
•=		-				-
				-		
		<del></del> ,	•	<del></del> -		
<u> </u>						·
<del></del>						
<u> </u>					-	
	- M-101-2-1			<del> </del>	<u>-</u> -	
·						
	<del></del>					
•						
	<del></del>					
	<del>-</del> · · · · · · · · · · · · · · · · · · ·			<del></del>		
				<del></del> .		
	···					
<del></del>						

Page 3 of 4

H17000287644 3

The date	this document was signed.
Effe	ective date <u>if anolicable</u> :
	(no more than 90 days after amendment file date)
Not doct	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's affective date on the Department of State's records.
Ado	eption 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 <u>October 31, 2017</u>
	Signature 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)
	LEONARD MILCOWITZ
	(Typed or printed name of person signing)
	Chairman of the Board
	(Title of person signing)