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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: Pensacol	a Bay Area Adu	thising Federation
	MBER: 59-2337		
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.	
· Please return all cor	respondence concerning this man	tter to the following:	
	DinaJustice		
	,	Contact Ferson)	
	C/O PBAAF		
	(Firm	n/ Company)	
	9029 Wood	Iron Rd	
	(Address)	-
	Pensacola,	FL 32514	<u></u>
	(City/ Sta	ate and Zip Code)	
	tdjustice k	ellsouth, net	cation)
For further informat	ion concerning this matter, pleas	-	·
	Justice	at (§ 5D) 4	85-2155
(Nam	e of Contact Person)	(Area Code & Dayt	time Telephone Number)
Enclosed is a check	for the following amount made	payable to the Florida Departme	ent of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations Box 6327	Street Address Amendment Section Division of Corporat Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current					
		io Tioriua Dept. of Su.	 /		
59-2337509 (Document Number of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Fl the following amendment(s) to its Articles of Inco		this <i>Florida Not For Pr</i>	rofit Corporation adopts		
A. If amending name, enter the new name of the	he corporation	<u>:</u>			
AAF Pensacola	. Inc				
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or "	tain the word " <mark>Co." may not</mark>	"corporation" or "inco <u>be used in the name</u> .	orporated" or the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	:able:	9029 WOO	dwn Rd		
		Pensacolo	dwn Rd L FL 32514		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.D. Box 12	2491		
		P.D. Box 12 Pensacola	FL 32591		
D. If amending the registered agent and/or reg new registered agent and/or the new register			er the name of the		
Name of New Registered Agent:					
New Registered Office Address:	(Florid	la street address)	_		
		(City)	_, Florida (Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.			ot the obligations of the		
Sig	nature of New	Registered Agent, if cha	inging A		
,	Page 1 of 3		A STATE OF		

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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			
E. If amendi	ing or adding additional Article	s, enter change(s) here:	
(anden dae	muonai sneets, y necessary). (1		

		and the state of t	and additional to the control of the
<u> </u>			
			
			

The date of each amendm Effective date <u>if applicabl</u>	(date of adoption is required)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment((CHECK ONE)		
The amendment(s) was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.		
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.		
Dated	7-20-09 Rinallyfustice		
Signature	Rinalufustice		
(]	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, other court appointed fiduciary by that fiduciary)		
	Typed or printed name of person signing)		
	Treasury, PBAAF (Title of person signing)		
	(i the of beloom signing)		