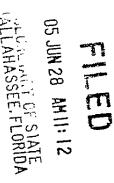
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(Requi	estor's Name)	
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(City/S	itate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: South Florida	Giants Baseball, Inc	
DOCUMENT NUMB	ER: N04000005595		
The enclosed Articles	of Amendment and fee	are submitted for filing	g.
Please return all corres	pondence concerning the	his matter to the follow	ring:
Gail Gray			
-	(Name of	Contact Person)	
	(Firm	/ Company)	
15628 63rd I	·	· · · · · · · · · · · · · · · · · · ·	
		Address)	
Loxahatchee	e, Fla 33470		
h	(City/ Stat	e/ and Zip Code)	
For further information	concerning this matter	r, please call:	
Gail Gray		at (_ 561)	792-0962
(Name of	Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for	the following amount:		
⊘ \$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		Street Address Amendment Section Division of Corporations 409 F. Gaines Street	

Tallahassee, FL 32399

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



South Florida Giants Baseball, Inc.

NOADDODS595

(Name of corporation as currently filed with the Florida Dept. of State)

No-reconstruction
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Change of Treasurer from Maria Smith To Gail Gray 15628 63rd Pl. N. Loxahatchee, Fla 33470
Principal Address change to 15628 63rd Pl. N. Loxahatchee, Fla 33470
Registered Agent to be changed from Maria Smith to Gail Gray 15628 63rd Pl. N loxahatchee, Fla 33470
I, Gail Gray, hereby accept the appointment as a registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statues relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Hail that
1
(Attach additional pages if necessary)

(continued)

The date o	of adoption of the a	umendment(s) was: _06	6/23/05			
Effective (date if <u>applicable</u> :	06/23/05				
(no more than 90 days after amendment file date)						
Adoption	of Amendment(s)	(CHECK ONE	0			
Ø		was (were) adopted by was sufficient for appr	the members and the nurroval.	nber of votes cast		
		pers or members entitle (were) adopted by the	d to vote on the amendme board of directors.	ent. The		
	Signed this 24	day of June	2005			
Sig	have not been s		pard, president or other officer if in the hands of a receiver, to			
	Thomas E Smit	h				
	C	Typed or printed name of pe	erson signing)			
	Vice President					
		(Title of person signing	g)			

FILING FEE: \$35