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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: ATHLETIC ADVENTURES INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW E. DIXON (Name of Contact Person)
HALETIC ADVENTURES (Firm/Company)
3532 THOMAS AVE. (Address)
Mi Ami FL. 33133 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 333-3002 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### **Articles of Amendment**

## Articles of Incorporation of

HIHLEVIC ADVENTURES INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N05000008200
(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:
A. If amending name, enter the new name of the corporation:
SUNBLAZER ACADEME INC.
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. 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:
New Registered Office Address: (Florida street address)
, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

# 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>	<u>Name</u>	Address	Type of Action
			□ n
			Add Remove
E. <u>If amer</u> (attach	nding or adding additional A additional sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	
·			
<del></del>			

The date of each amendment(s) a	doption: 5-13-10
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	5-/3-/0  Chairman or vice chairman of the board, president or other officer-if directors
have no	or been selected, by an incorporator – if in the hands of a receiver, trustee, of burn appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	( the or person signing)

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