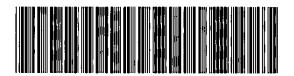
N07000007574

| (Re | questor's Name) | |
|---------------------------|-------------------|--------------|
| - | | |
| (Ad | dress) | |
| (Ad | dress) | , |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Ćertificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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05/15/09--01011--004 **43.75

2009 MAY 15 PH 1: 14
SECRETARY OF STATE
AND ANASSEE FI ORIDA

Amend TB 5/20/09

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPO | RATION: Central Florid | a Xtreme, Inc. | |
|-------------------------|--|---|---|
| DOCUMENT NUM | BER: N07000007574 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this mat | tter to the following: | |
| | | c Santiago | |
| | (Name of | f Contact Person) | |
| | Central Flo | orida Xtreme, Inc. | |
| | (Firm | n/ Company) | |
| | 3674 Be | nson Park Blvd | |
| | (| Address) | |
| | Orland | do, FL 32829 | |
| · | (City/ Sta | ate and Zip Code) | |
| | ericsantia | go24@gmail.com ed for future annual report notifica | tion) |
| For further information | on concerning this matter, pleas | • | uon) |
| Evelyn Santiago | | at (321 ₎ 663-606 | 8 |
| (Name | of Contact Person) | | ne Telephone Number) |
| Enclosed is a check for | or the following amount made p | payable to the Florida Department | 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) |
| | ng Address Idment Section | Street Address Amendment Section | , |
| | ion of Corporations | Division of Corporation | ns |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to **Articles of Incorporation** of



| Central Florida Xtreme, Inc. | |
|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| N0700007574 | |
| (Document Number of Corporation (if known) | |

| . If amending name, enter the new name o | of the corporation: | |
|---|-------------------------|--------------------------------------|
| | | NA |
| he new name must be distinguishable and c bbreviation "Corp." or " Inc." <u>"Company"</u> o | | |
| Buter new principal office address, if apprincipal office address <u>MUST BE A STREE</u> | | AU |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) | | NLA |
| | | |
| | | |
| o. If amending the registered agent and/or | registered office addre | ss in Florida, enter the name of the |
| . If amending the registered agent and/or new registered agent and/or the new reg | | ss in Florida, enter the name of the |
| D. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent: | | ss in Florida, enter the name of the |
| new registered agent and/or the new reg | | |
| new registered agent and/or the new reg Name of New Registered Agent: | istered office address; | et address) |
| new registered agent and/or the new reg Name of New Registered Agent: | istered office address; | et address), Florida |
| new registered agent and/or the new reg Name of New Registered Agent: | (City | et address) |

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> | <u>Address</u> | Type of Action |
|--------------|------------------------------|--|---------------------------------------|
| | | | □ Add □ □ Remove |
| | | | |
| | | | ☐ Add ☐ Remove |
| (attach | additional sheets, if necess | | cational and / or |
| | | exclusively for charitable, religious, edu | |
| scientific | purposes under secti | on 501(c)(3) of the Internal Revenue Co | ode. |
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| The date of each amendmen | t(s) adoption: May 12, 2009 |
|---|--|
| Effective date if applicable: | May 12, 2009 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. |
| There are no members or adopted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. |
| Dated_ May Signature_ | 13, 2009 A- M- |
| (By | the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) |
| | Eric Santiago |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |