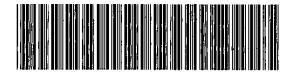
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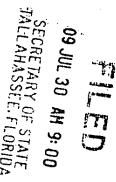
(Requestor's Name)
(Address)
(Address)
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(Business Entity Name)
(Document Number)
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Anew C.COULLIETTE

AUG 03 7359

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: SIMS SPORT	S TRA	INING I	NC.	
DOCUMENT NUM	BER: H09000162630 3	3			
The enclosed Article	s of Amendment and fee are su	bmitted for	r filing.		
Please return all corr	espondence concerning this mat	tter to the i	following:		
4		MES SIM			
	(Name of	f Contact F	Person)		
	SIMS SPOR	TS TRA	INING IN	IC.	
	(Firm	n/ Compan	ıy)		
	7820 BAYMEAD	OWS RI	D EAST	#1312	
	(Address)			
	JACKSONVI	LLE FLO	RIDA 32	225	
	(City/ Sta	te and Zip	Code)		
		sims@ao			
	E-mail address: (to be use		re annual i	report notifica	ition)
For further information	on concerning this matter, pleas	se call:			
JAMES SIMS		at (904	307-050	4 ne Telephone Number)
(Name	of Contact Person)		(Area C	ode & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made	payable to	the Florid	a Department	of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	fied Copy itional cop	g Fee & ry is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327		Amenda Division Clifton	Address nent Section of Corporatio Building	ns

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SIMS SPORTS TRAINING INC

(Name of Corporation as current	ly filed with the Florida Dept.	of State)
N09000E	0 6898	
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, Flo	-	For Profit Corporation adopts
A. If amending name, enter the new name of th	e corporation:	
	NA	
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		SECRET ALLAHA
D. If any and the section of a contact the section of		30 AM 9:
D. If amending the registered agent and/or registered agent and/or the new registered.		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(0)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered apposition.		accept the obligations of the
Sign	nature 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>	Name	Address	Type of Action
VP	DAVID MAKAUSKAS	4397 KETTERING CT	🖸 Add
		JACKSONVILLE FLORIDA	Remove
		32257	12 (45111040
			
			🗀 Add
			Remove
		**************************************	_
			☐ Add
			Remove
		<u> </u>	
			
E. If amen	iding or adding additional Articles, e	nter change(s) here:	
(attach	additional sheets, if necessary). (Be s	necific)	
(anach t	wantona sneets, if needstary). (De s	pecific	
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	,		

The date of each amendmen	nt(s) adoption: JULY 27 2009
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	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 d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Signature _	Y 27 2009
ha	y the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	JAMES A. Sims
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)