## N09000010480

(Requestor's Name)
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(City/State/Zip/Phone #)
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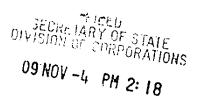
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Chris Sm	ith All-Star Classic, Inc	C
DOCUMENT NUMI	BER: N09000010480		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		erick Harvey	
	(Name of	Contact Person)	
	(Firm	n/ Company)	
	3816 Hollywood	l Boulevard, Suite 203	· 
	(.	Address)	
		d, Florida 33021 te and Zip Code)	
	, ,	•	
		@hctcpas.com d for future annual report notil	ication)
For further informatio	n concerning this matter, pleas	e call:	
Roderick Harvey		at ( 954 ) 966-4	435
(Name	of Contact Person)	(Area Code & Day	rtime Telephone Number)
Enclosed is a check fo	r the following amount made p	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)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations sox 6327 assee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



	ith All-Star Classic, Inc. rently filed with the Florida Dept. of St	
<del>-</del>	9000010480	<u>att</u> )
<del></del>	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The A	ll-Star Classic, Inc.	
The new name must be distinguishable and a		
abbreviation "Corp." or "Inc." "Company"	or "Co." may not be used in the name.	
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicable	۵۰	
(Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or		ter the name of the
new registered agent and/or the new reg	gistered office address:	,
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	<del></del>
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		ept the obligations of the
	Signature of New Registered Agent, if cha	anging

## 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	<b>Type of Action</b>			
			☐ Add☐ Remove			
			Add Remove			
E. If amei	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
			*			

The date of each amendment(s) a	adoption: 10/29/2009
``	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(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) al.
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.
have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, court appointed fiduciary by that fiduciary)
	Christopher Smith (Typed or printed name of person signing)
_	President (Title of person signing)