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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
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| Special Instructions to Filing Officer: | ٦ |
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N. C. C.COULLIETTE
JUN 0 1 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: CENTRAL FL | ORIDA SKATING CLUE | 3 INC. |
|----------------------------|---|---|---|
| DOCUMENT NUM | BER: N10000003973 | | |
| The enclosed Articles | of Amendment and fee are sub | omitted for filing. | |
| Please return all corre | spondence concerning this mat | ter to the following: | |
| | ANTHO | NY BERGER | |
| | (Name of | Contact Person) | |
| | (Firm | / Company) | |
| ****** | 2670 CASS | EL CREEK BLVD | |
| | (A | Address) | |
| | CASSELBI | ERRY, FL 32707 | |
| | (City/ Stat | te and Zip Code) | |
| | | HOOL@USA.ORG I for future annual report notifica | tion) |
| For further informatio | n concerning this matter, please | e call: | |
| ANTHONY BERG | ER | at (321) 223 0933 | 3 |
| (Name | of Contact Person) | (Area Code & Daytin | ne Telephone Number) |
| Enclosed is a check fo | r the following amount made pa | ayable 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) |
| Ameno Divisio P.O. B | ng Address Iment Section on of Corporations ox 6327 assee, FL 32314 | Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center | ns |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

CENTRAL FLORIDA SKATING CLUB INC. (Name of Corporation as currently filed with the Florida Dept. of State) N10000003973

| (Document Number | er of Corporation (if known) | |
|---|--------------------------------------|---------------------------|
| Pursuant to the provisions of section 617,1006, Fl the following amendment(s) to its Articles of Inco | | Profit Corporation adopts |
| A. If amending name, enter the new name of the | he corporation: | |
| SKATING SCHOOL C | F CENTRAL FLORIDA INC. | |
| The new name must be distinguishable and contabbreviation "Corp." or "Inc." <u>"Company" or '</u> | | |
| B. Enter new principal office address, if applic | | |
| (Principal office address <u>MUST BE A STREET</u> | ADDRESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered. | istered office address in Florida, e | enter the name of the |
| Name of New Registered Agent: | <u></u> | |
| <u>New Registered Office Address</u> : | (Florida street address) | |
| _ | (City) | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing hereby accept the appointment as registered a position. | Registered Agent: | • • |

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> Name 1 Address Type of Action ☐ Add ☐ Remove __ 🔲 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendmen | t(s) adoption: <u>5/23/2011</u> |
|--|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) 5/23/2011 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| 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) roval. |
| ✓ 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. |
| hav | the chairman or vice chairman of the board, president or other officer-if director of not been selected, by an incorporator – if in the hands of a receiver, trustee, er court appointed fiduciary by that fiduciary) |
| ou. | ANTHONY BERGER |
| | (Typed or printed name of person signing) |
| | P |
| | (Title of person signing) |

Page 3 of 3