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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLAGLER BA	D BOY	WRESTLING C	CLUB INC
DOCUMENT NUM	BER: N11000003921			
The enclosed Articles	s of Amendment and fee are sub	omitted for	filing.	
Please return all corre	espondence concerning this mat	ter to the f	ollowing:	
	KIMBEF	RLY SAN	BORN	
	(Name of	f Contact P	erson)	
	(Firm	n/ Compan		*
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	<u> </u>	LEETA P	ATH	
	(.	Address)		
	PALM CO	OAST FL	32164	
	(City/ Sta	ite and Zip	Code)	
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For further information	on concerning this matter, pleas	se call:		
KIMBERLY SANE	BORN	at (25
(Name	of Contact Person)		(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to t	he Florida Departmer	nt of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	٠.	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FLAGLER BAD BOY WRESTLING CLUB INC.

(Name of Corporation as currently filed with the Florida Dept. of State)				
	N11000003921			
	(Document Number of Corporation (if known)			
uant to the pro	visions of section 617,1006. Florida Statutes, this Florida Not For Profit Corporat			

tion adopts Pursu the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co		ncorporated" or the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		76
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, e	TISEP 26 M 9: 56 INTERPREDATE INTERPREDATE
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
New Registered Agent's Signature, if changing Re	(City) gistered Agent:	, Florida (Zip Code)
		ept the obligations of th

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) Address **Title** Name Type of Action ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) **NEW ARTICLE:** The purpose of this conflict of interest policy is to protect this tax exempt organization's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the organization or may result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

The date of each amendmen	t(s) adoption: 08/20/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 08/20/2011
	(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	re 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.
Dated_08/1	8/2011
Signature	Thur A O. h
	the chairman or vice chairman of the board, president or other officer-if directo
	e not been selected, by an incorporator - if in the hands of a receiver, trustee,
oin	er court appointed fiduciary by that fiduciary)
	Kimberly Sanborn
	(Typed or printed name of person signing)
	President
	(Title of person cigning)