N 1400000657

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SECRETARY OF STATE
NATIONAL ANALOGOUS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: B-SHOCK Sports & Youth Development Inc
DOCUMENT NUMBER: N 14000006457
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bernald Mayricette (Name of Contact Person)
B-SHOCK Sports & Youth Development Inc. (Firm/Company)
UII N Powerline Rd (Address)
Pompano Beach, FL 33069 (City/ State and Zip Code)
BShock fitness @ amail - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bernald Mauricette at (501) 577-1832 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy is enclosed} \text{Certified Copy is Enclosed}
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

B-SHOCK Sports & Yout	h Development Inc.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
	orporation (if known)
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
NIA	The ne
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	N A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA NA
	N/A
C. Enter new mailing address, if applicable:	NIA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
	N/A
	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
Name of New Registered Agent:	NIA
	NIA
	(Florida street address)
New Registered Office Address:	. 1.
	NA Florida NA (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:
Signature of News	Registered Agent, if changing
Signature of New 1	rogisior ou rigorii, y chunging

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u> _	Bernald Mauricette	1011 N Powerline Rd Pompano Beach, FL 33069
2)	V.S	Cathleen Adiva Mauricette	UIIN Powerline Rd Pompano Beach, FL 33009
3) Change Add Remove			
4) Change Add Remove			14 FEB -5 TALLAHASSEE
5) Change Add Remove			PH II: 26
6) Change Add			

f amending or adding additional Arti uttach additional sheets, if necessary).	(Be specific)
1,4374,500,000	

The date of each amendment(s) adoption: N	, if other than the
Effective date if applicable: 1312014 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Cathleen Adiva Mauricette (Typed or printed name of person signing)	
Vice President/Secretary (Title of person signing)	