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' COVER LETTER

Division of Corporations		**
NAME OF CORPORATION:A	5 Athletics or Tra	ilning, In C
DOCUMENT NUMBER: N15	5 Athletics of Tra 000002157	<u> </u>
The enclosed Articles of Amendment and fee a		
Please return all correspondence concerning thi	s matter to the following:	
Adrian Mcf	herson (Name of Contact Barcon)	
Airs Athletics of		
9307 54th C.		
Parrish, Fc	(Address) 34219	
•	(City/ State and Zip Code) Scache Les Yango Code used for future annual report notification	on
For further information concerning this matter,)
Adrian McPherso	Person) at Area Code)	-518-7807
(Name of Contact I		
Enclosed is a check for the following amount m \$\Begin{array}{c} \text{\$\text{\$\sc 43.75 Filing Fe}} \\ \text{Certificate of S} \end{array}\$	Fee & \$\sumsymbol{\subset}\$\$\$43.75 Filing Fee & \$\sumsymbol{\subset}\$\$\$52.50 Status Certified Copy Certific (Additional copy is	Filing Fee cate of Status cd Copy onal Copy is
Mailing Address	Street Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Aith	of
Air5 Athletics + Tra	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
N 150 0000 2157	·
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
	0227 rith 0
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	9307 54th CTE
(1 timesput office address MOST BLASTREET ADDRES	Parrish, FL 34219
	``
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 9411
	Bradenton, FC 34206
	1014CCC1101111 1 C STAUD
D. If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	A P I
Name of New Registered Agent:	Adrian McPherson
	1307 5444CT E
New Registered Office Address:	(Florida street address)
<u> </u>	Parrish Florida 34219
<u></u>	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
i) For N
* #	
	Signature of New Registered Agent, if changing
V.	25 ARY SSE
	married and the state of the st

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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) V Change	V	Adrian McPherse	Parish, Fe 3421
Add	•		Partsy Fe 3421
Remove	,		
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove		<i>,</i>	
3) Change			· · · · · · · · · · · · · · · · · · ·
Add _.			·
Remove			,
4) Change	· 		
Add			
Remove		·	
5) Change			· <u></u>
Remove		·	· ·
6) Change			
Add			
Remove			

. <u>If amending or</u> (attach additiona	I sheets, if nece	ssary). (i	Be specific)		- -				•	•
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			<u> </u>							
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.) was/were
Dated 1-19-17	
Signature	-if directors
have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	trustee, or
ADRIHU MCPHERSON (Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
* PRESIDENT	
(Title of person signing)	_