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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Power Alley Performa | nce Center, Inc. | | | |
|------------------------------------|--|---|----------------------------|--|-------------------|
| N16 DOCUMENT NUMBER: | 000009135 | | | | |
| | | : | | | |
| The enclosed Articles of Amend. | ment and tee are subm | itted for ming. | | | |
| Please return all correspondence | concerning this matter | to the following: | | | |
| Brian Coletti | | | | | |
| | | Name of Contact | Person) | | |
| Power Alley Performance Cente | r, Inc. | | | | |
| | | (Firm/ Compa | ny) | | |
| 29 Evonaire Circle | | | | | |
| | | (Address) | - | | |
| Belleair, FL 33756 | | | | | |
| | (| City/ State and Zip | o Code) | <u> </u> | |
| btcoletti@gmail.com | | | | | V |
| E-ma | l address; (to be used | or future annual r | eport notific | ation) | |
| For further information concerni | ng this matter, please o | all: | | | |
| Brian Coletti | | : | 727 at | 741-3756 | |
| (Na | me of Contact Person) | | (Area Co | de) (Daytime T | Telephone Number) |
| Enclosed is a check for the follow | wing amount made pay | able to the Florida | i Departmen | t of State: | |
| | \$43.75 Filing Fee & E Certificate of Status | 3\$43.75 Filing Fe Certified Copy (Additional copy enclosed) | ris C (z | 52.50 Filing Fee ertificate of Statu ertified Copy Additional Copy i inclosed) | |
| Mailing Address Amendment Section | | _ | treet Addre kmendment i | _ | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

THED

Articles of Amendment to Articles of Incorporation of

| Power Alley Performance Center, Inc. | | | | |
|---|--------------------|--------------------------------------|-------------------------------------|--|
| (Name of Corporation | i as curren | tly filed with the Florida D | ept. of State) | |
| N16000009135 | | | | |
| (Docu | ment Numb | er of Corporation (if known) | | |
| Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation: | orida Statute | es, this <i>Florida Not For Prof</i> | it Corporation adopts the following | |
| A. If amending name, enter the new name of th | e corporat | ion: | | |
| na | | | The new | |
| name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam | | tion" or "incorporated" or t | | |
| B. Enter new principal office address, if applicable: | | 29 Evonaire Circle | | |
| (Principal office address MUST BE A STREET A | | Belleair, FL 33756 | 7 | |
| | | | V 90 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 29 Evoinaire Circle | SSS F 37 | |
| | | Belleair, FL 33756 | | |
| | | | <u> </u> | |
| D. If amending the registered agent and/or regi | | | the name of the | |
| new registered agent and/or the new register | red office a | ddress: | | |
| Name of New Registered Agent: | Brian Col | etti | | |
| | 29 Evonaire Circle | | | |
| | (Florida st | reet address) | | |
| <u>New Registered Office Address</u> : Belleai | | | Stantida 33756 | |
| | | (City) | , Florida (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen | | | ligations of the position. | |
| - | 1 | STColf- | | |
| | S. | ignature of New Registered : | gent, 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)

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u> <u>Mi</u> | hn Doe ike Jones Ily Smith | |
|-----------------------------------|--------------------|----------------------------------|--------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P/D | Joseph Sullivan | 8100 Park Blvd |
| Add | | | Building C. STE 26 |
| X Remove | | | Pinellas Park, FL 33781 |
| 2) Change | S/D | Nick Shaw | 8100 Park Blvd |
| Add | | | Building C. STE 26 |
| X Remove | | | Pinellas Park, FL 33781 |
| 3) Change | TVD | Dennis Derenzo | 8100 Park Blvd |
| Add | | | Building C. STE 26 |
| X Remove | | | Pinellas PArk, FL 33781 |
| 4) Change | PID | Chris Thompson | 8100 Park Blvd |
| X Add | | | Building C, STE 26 |
| Remove | | | Pinellas Park, Fl. 33781 |
| 5) Change | VD | Gianni Petruccelli | 8100 Park Blvd |
| XAdd | | | Building C, STE 26 |
| Remove | | | Pinellas Park, FL 33781 |
| 6) Change | STD | Brian Coletti | 8100 Park Blvd |
| X Add | | | Building C, STE 26 |
| Remove | | | Pinellas Park, FL 33781 |

| If amending or adding a attach additional sheets, i | (necessary). | (Be specific) | | | | | |
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| | 08/23/2017 | |
|--|---|---------------------|
| The date of each amendment | (s) adoption: | , if other than the |
| date this document was signed. | | |
| | 08/23/2017 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| | is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records. | t be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) approval. | |
| ☐ There are no members or adopted by the board of c | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. | |
| 08/23/ Dated | 72017 | |
| Signature | Chu I haysan | |
| have n | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| Chi | ris Thompson | |
| | (Typed or printed name of person signing) | |
| Pre | sident, Director | |
| | (Title of person signing) | |