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COVER LETTER

Division of Corporations		*	
50:STATEWIDE	SENIORS DOMINO	GAMES, INC.	
N17000007531			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
CLIFTON ROGERS			
	(Name of Contact Pe	erson)	
PREMIER GROUP ENTERPRISE			
	(Firm/ Company	y)	
2769 NW 36th AVENUE			
	(Address)		
LAUDERDALE LAKES, FL. 33311			
	(City/ State and Zip	Code)	
DOMINO@PREMIER-GELCOM			
E-mail address: (to be us	sed for future annual rep	port notification	1)
For further information concerning this matter, plea	se call:		
CLIFTON ROGERS	at	954	
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida l	Department of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	& S43.75 Filing Fee is Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Di Cl:	reet Address mendment Sect vision of Corpo ifton Building 61 Executive C	orations

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name of Corporation	i a <u>s current</u>	ly filed with	the Florida Dept	. of State)	
N17000007531					
(Docu	ment Numbe	r of Corporat	ion (if known)		
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	s, this <i>Florida</i>	Not For Profit (Corporation adopts	the following
A. If amending name, enter the new name of th	e corporatio	on:			
50 PLUS STATEWIDE SENIORS DOMINO GA	MES, INC.				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "inco	rporated" or the	abbreviation "Cor _l	
B. Enter new principal office address, if applica	able:	N/A			
(Principal office address MUST BE A STREET)					
		· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A			
 If amending the registered agent and/or reginew registered agent and/or the new register. 			Florida, enter th	e name of the	
	N/A	141433.			
Name of New Registered Agent:					
	N/A				
New Registered Office Address	<u>:</u>		(Florida street	(address)	
	N/A			. Florida N/A	
		(City)		, Florida (Zip Code)	
	b . t t				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			Laccept the oblig	ations of the position	n.
				SESS.	
-	Si	gnature of No	w Registered Age		25
I	ľ	age 1 of 4		1 (0	D 🕌

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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)
DI

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) N/A Change			
Add			
Remove			
2) N/A Change			
Add			
Remove			
3) N/A Change			
Add			
Remove			
•			
4) N/A Change			
Add			
Remove			
N/A			
5) N/A Change			
Add			
Remove			
N/A Change			
ļ			
Add			
Remove			

(attach additional sheets, i	dditional Artic f necessary).	(Be specific)				
/A						
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	•		07/24/2017	
	of each ame document was	dment(s) adoptic signed.		, if other than the
Effective	e date <u>if appli</u>	able:		<u> </u>
			(no more than 90 days after amendment file date)	
			oes not meet the applicable statutory filing requirements, this date will rement of State's records.	not be listed as the
Adoptio	n of Amendm	ent(s)	(<u>CHECK ONE</u>)	
		was/were adopte t for approval.	ed by the members and the number of votes cast for the amendment(s)	
		pers or members outdoor of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	07/24/2017		
	Signature	Hoge	or vice chairman of the board, president or other officer-if directors	
		have not been se	elected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
		HAZELLE R	OGERS	
			(Typed or printed name of person signing)	
		PRESIDENT		
			(Title of person signing)	