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To:

Division of Corporations

Fax Number : (850)617-6380

From:

56

Account Name : THE FARR LAW FIRM

Account Number : 103654001666

: (941)639-1158

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CATS BASEBALL CLUB CORP

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J. HORNE

JUN-1-6-2023

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From: FAX EXTENSION 1

TO: Amendment Section

Fax: 19415059999

To: 8506176380@rctax.com

Fax: (850) 617-6380

Page: 3 of 7

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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Corporations				
NAME OF CORPORATION:CATS BASEBAL	L CLUB CORP			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
NICHOLAS WORDEN				
	(Name of Contact Person	٦)		
CATS BASEBALL CLUB CORP				
	(Firm/ Company)			
2062 Mauve Terr				
	(Address)			
NORTH PORT, FL 34288				
	(City/ State and Zip Code	e)		
nworden77@gmail.com				
E-mail address: (to be use	ed for future annual report	notification	1)	·
For further information concerning this matter, pleas	e call:			
NICHOLAS WORDEN	94 at		661-9555	
(Name of Contact Person	n) (Ar	ea Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount made p	payable to the Florida Depa	irtment of	State;	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Address		
Amendment Section Division of Corporations		ment Secti n of Corpo		

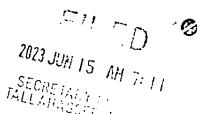
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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Articles of Amendment to



Articles of Incorporation of CATS BASEBALL CLUB CORP (Name of Corporation as currently filed with the Florida Dept. of State) N17000007885 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 2062 Mauve Terr B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) North Port, FL 34286 C. Enter new mailing address, if applicable: 2062 Mauve Terr (Mailing address MAY BE A POST OFFICE BOX) North Port, FL 34286 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Nicholas Worden Name of New Registered Agent 2062 Mauve Terr (Florida street address) New Registered Office Address: North Port, FL Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Mcholas Worden ଂଷ୍ଟ୍ର<mark>ମଧାରଙ୍କ ଓ</mark> New Registered Agent, if changing From: FAX EXTENSION .

Fax: 19415059999

To: 8506176380@rcfax.com

Fax: (850) 617-6380

Page: 5 of 7

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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)

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 John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Sherry Faircloth	3536 Madagascar Ave North Port, FL 34286
Remove 2) AA Change Add	P	Matthew Mitchell	1344 Dexter Rd North Port, FL 34288
Remove 3) Change Add Remove		 	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she		ticles, enter change(s) here: (Be specific)	
		<u></u>	

AX EXTENSION .	Fax: 19415059999	To: 8506176380@rctax.com	Fax: (850) 617-6380	Page: 6 of 7	06/15/2023 1:3
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			. Lotelland	.	
The date of ea	ch amendment(s) add nent was signed.	option: June 14, 2023			, if other thar
Effective date	if applicable:	(no more than 90 days af	ier amendment file date)		
		ino more man so days aj	io, amenament jue aute)		

(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.

Adoption of Amendment(s)

From: FAX EXTENSION : Fax: 19415059999 To: 8506176380@rctax.com Fax: (850) 617-6380 Page: 7 of 7 06/15/2023 1:33 PM

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

June 15, 2023

Dated

Signature

(By 61836187771437 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)

Matthew Mitchell

(Typed or printed name of person signing)

President

(Title of person signing)