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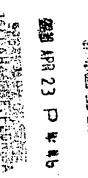
| (Re                     | equestor's Name)   |           |
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| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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T. LEMEUR



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: East Coast United                   | Basketball   |                             |  |
|--|---|--|-----------------------------|--|
| DOCUMENT NUM   | N18000003251                                |  |                             |  |
| The enclosed Articles  | of Amendment and fee are su                 | abmitted for filir                                       | g.                          |  |
| Please return all corre  | spondence concerning this ma                | tter to the follow                                       | ving:                       |  |
|  | Eileen Carmer                               |  |                             |  |
|  |   | Name of Co   | ntact Person                | 1  |
| •  |   | Firm/ C  | ompany                      |  |
|  | 520 Inverness Ave                           |  |                             |  |
|  |   | Add  | ress                        |  |
|  | Melbourne, FL 32940                         |  |                             |  |
|  |   | City/ State a  | nd Zip Cod                  | e  |
| ecuse  | cretary@gmail.com                           |  |                             |  |
|  | E-mail address: (to be u                    | sed for future an  | nual report                 | notification)  |
| For further informatio   | n concerning this matter, pleas             | se call:   |                             |  |
| Eileen Carmer  |   | at (   | 937                         | 344-0774   |
| Name   | of Contact Person                           |  | Area Co                     | de & Daytime Telephone Number  |
| Enclosed is a check for  | r the following amount made                 | payable to the F   | lorida Depa                 | urtment of State:  |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Fili<br>Certified C<br>(Additional<br>enclosed) | ору                         | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   |  | Amend<br>Divisio<br>Clifton | Address ment Section n of Corporations Building xecutive Center Circle                 |

Tallahassee, FL 32301



April 12, 2018

EILEEN CARMER 520 INVERNESS AVE MELBOURNE, FL 32940

SUBJECT: EAST COAST UNITED BASKETBALL INC

Ref. Number: N18000003251

We have received your document for EAST COAST UNITED BASKETBALL INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a non-profit corporation the document you sent in is for a profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 318A00007446

RECEIVED TO THE SECRETARY OF THE SECRETA

## Articles of Amendment to Articles of Incorporation of

East Coast United Basketball (Name of Corporation as currently filed with the Florida Dept. of State) N18000003251 (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: n/a 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. n/a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: n/a Name of New Registered Agent: (Florida street address) New Registered Office Address: n/a 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 posi Signature of New Registered Agent, 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 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>V</u> <u>Mik</u> | n Doe<br>te Jones<br>y Smith |                              |
|----------------------------------|---------------------|------------------------------|------------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                  | <u>Addres</u> s              |
| 1) Change                        | DIR                 | Tyrone Hodges                | 13949 Circa Crossing Dr #203 |
| X Add                            |                     |                              | Lithia, FL 33547             |
| Remove                           |                     |                              |                              |
| 2) Change                        | DIR                 | Scott Clarke                 | 33 Oban Ct                   |
| X Add                            |                     |                              | St. Johns, FL 32259          |
| Remove                           |                     |                              | 4,                           |
| 3) Change                        |                     |                              |                              |
| Add                              |                     |                              |                              |
| Remove                           |                     |                              |                              |
| 4) Change                        |                     |                              |                              |
| Add                              |                     |                              |                              |
| Remove                           |                     |                              |                              |
| 5) Change                        |                     |                              |                              |
| Add                              | <del></del>         |                              |                              |
| Remove                           |                     |                              |                              |
|                                  |                     |                              |                              |
| 6) Change                        |                     |                              |                              |
| Add                              |                     |                              |                              |
| Remove                           |                     |                              |                              |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |               |  |  |  |
|---|---------------|--|--|--|
| (attach additional sheets, if necessary).   | (Be specific) |  |  |  |
| n/a   |               |  |  |  |
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|     | e date of each ame<br>this document was | ndment(s) adoption<br>signed. | n/a<br>n:  | , if other than the       |
|-----|---|-------------------------------|--|---------------------------|
| Eff | ective date <u>if appli</u>             | cable:                        | (no more than 90 days after amendment file date)   | <del></del>               |
|     |   |                               |  |                           |
| _   | <del></del>                             |                               | es not meet the applicable statutory filing requirements, this date went of State's records.   | rill not be listed as the |
| Ado | option of Amendm                        | ent(s)                        | (CHECK ONE)  |                           |
|     | The amendment(s<br>was/were sufficient  |                               | by the members and the number of votes cast for the amendment(   | (s)                       |
|     | There are no memadopted by the bo       |                               | titled to vote on the amendment(s). The amendment(s) was/were  |                           |
|     | Dated                                   | 4/20/2018                     | ·  |                           |
|     | Signature                               |                               | Q  | <del></del>               |
|     |   | have not been sele            | r vice chairman of the board, president or other officer-if directors cted, by an incorporator — if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary) |                           |
|     |   | Eileen Carmer                 |  |                           |
|     |   | _                             | (Typed or printed name of person signing)  |                           |
|     |   | Secretary                     |  |                           |
|     |   |                               | (Title of person signing)  |                           |