N 19000000 801

	Requestor's Name)			
(Address)			
((Address)			
	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
((Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

1169-1092-4135.



100326380811

Corbin 19-1-16 16-1-1 1 40-2.5



C. GOLDEN APR 2 5 2019

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: AHARA	Occopy Online
DOCUMENT NUMBER: 1V M	00000001
The enclosed Articles of Amendment and fee are st	abmitted for tiling.
Please return all correspondence concerning this ma	ntter to the following:
Ashley	Swith Name of Contact Person
Athlete	Name of Contact Person S D(lam
	Firm/ Company
12724 Shore	eline Drive. Apartment C
_ Wellingt	on Florida 33414 City/ State and Zip Code
asmithe	athletes dream. com sed for future annual report notification)
For further information concerning this matter, plea	se call:
Ashley Smith	at <u>561</u> , 231-3738
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



April 16, 2019

ASHLEY SMITH 12724 SHORELINE DRIVE APARTMENT C WELLINGTON, FL 33414

SUBJECT: ATHLETES DREAM ONLINE INC.

Ref. Number: N19000000801

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00007669

RECEIVED MISSANSEL SELL

April 1, 2019

ASHLEY SMITH 12724 SHORELINE DRIVE APARTMENT C WELLINGTON, FL 33414

SUBJECT: ATHLETES DREAM ONLINE INC.

Ref. Number: N19000000801

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 319A00006449

Articles of Amendment

Articles of Incorporation

FILED

PM 6: 18

(Name of Corporation as curr	rently filed with the	1 LINC	Dt. of State)	
N1900	000080) [-	***** · · · · · · · · · · · · · · · · ·
(Document Nu	imber of Corporatio	on (if known)		
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida</i> :	Not For Profit	Corporation ac	lopts the following
A. If amending name, enter the new name of the corporation	ration:			
				The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorp	porated" or the	e abbreviation '	'Corp." or "Inc."
B. Enter new principal office address, if applicable:	12724	t Shore	line Dr	Ne
(Principal office address <u>MUST BE A STREET ADDRE:</u>	$\frac{ss}{}$ Again	truent	\mathcal{C}	
	Nielli	nator	FLOR	DA 33414
				1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12724	Shorel	ine Dri	le
<u> </u>	Acart	noxt	\mathcal{C}	
	Wolling	uton	Fines	K 33414
	_wctu	y		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.	office address in F ce address:	<u>lorida, enter t</u>	he name of the	
· · · · · · · · · · · · · · · · · · ·				
Name of New Registered Agent:				
		(Florida stre	eet address)	<u>. </u>
New Registered Office Address:				
		_	, Florida	
	(City)		(Zip (Code)
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent. I an	r familiar with and	accept the obl	igations of the p	oosition.

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.

Exan <u>X</u> C <u>X</u> R <u>X</u> A	Thange Temove	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type (Chee	of Action ck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _	Change			
_	Add			
_	Remove			
2) _	Change			
	Add			
_	Remove			·
3) _	Change			
	Add			
_	Remove			
41	Change			
	Add			
	Remove			
_				
51 _	Change			
_	Add			
_	Remove			
6) _	Change			
_	Add			
	Remove			

If amending or adding addit (attach additional sheets, if ne	cessary). (Be specifi	ic)		
				
··-				
		-		
		.		
·				
	 			
**	····			
	·			
· · · · · · · · · · · · · · · · · · ·				
	•			
				
				

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptowas/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s))
☐ There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated C4 D	8/2019	
Signature	lists	<u> </u>
have not been se	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Pre Sident (Title of person signing)	