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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FLORIDA BASEB.	ALL SCHOOL. I	NC		
DOCUMENT NUMBER:	27				
The enclosed Articles of Amendment and	fee are submitted for	r filing.			
Please return all correspondence concerni	ng this matter to the	following:			
MICHELLE CHARLEBOIS					
	(Name	of Contact Persor	1)		
SOUTH FLORIDA BASEBALL SCHOO	OL. INC				
 	(Fi	rm/ Company)			
4083 CRYSTAL LAKE DRIVE					
		(Address)			
POMPANO BEACH, FLORIDA 33064					
	(City/ S	tate and Zip Code	2)		
MCSFBS@GMAIL.COM					
E-mail address	: (to be used for futu	re annual report i	notification)	
For further information concerning this ma	atter, please call:				
BRUCE CHARLEBOIS		at	!		
(Name of Co.	ntact Person)	(Ar	ea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amo	unt made payable to	the Florida Depa	rtment of S	State:	
☐ \$35 Filing Fee ☐ \$43.75 F Certificat	e of Status — Certif	ied Copy itional copy is	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section				on	

Amendment Section
Division of Corporations
P.O. Box 6327
Talkharren El 23314

P.O. Box 6327 Clifton Building
Tallahassee, Fl. 32314 2661 Executive Center Circle
Tallahassee, Fl. 32301

Division of Corporations

Articles of Amendment to Articles of Incorporation of

SOUTH FLORIDA BASEBALL SCHOOL, INC

(Name of Corporation as c	urrently filed with the Florida Dept. of State)		
N19000005127			
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation add	pts the fol	lowing
A. If amending name, enter the new name of the corp	poration:		
		T	he new
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "C	Corp." or	"Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		
C. Enter new mailing address, if applicable:			<u></u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	,		를 <u>'</u> 당 [
			
D. If amending the registered agent and/or registered		; <u> </u>	<u>ح</u> .
new registered agent and/or the new registered of	Aice address:	, *	7
Name of New Registered Agent:		· <u> </u>	
N - P - 1 - 10/6 - 11/1 - 1	(Florida street address)		
<u>New Registered Office Address:</u>			
	, Florida, Zip Co.		
	(City) (Zip Co	niej	
New Registered Agent's Signature, if changing Regis thereby accept the appointment as registered agent. The second second agent of the second		sition.	
·	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, an 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 officeridirector 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>	<u>Doc</u> e Jones v Smjth	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	BRUCE CHARLEBOIS	4083 CRYSTAL LAKE DRIVE
X Add			POMPANO BEACH, FL. 33064
Remove			
2) Change	VTS	MICHELLE CHARLEBOIS	4083 CRYSTAL LAKE DRIVE
X Add			POMPANO BEACH, FL. 33064
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

	ttach additional sheets, if necessary).	icles, enter chai (Be specific)				
		 				
						
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	 				<u> </u>	
						
						
					 	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory fifing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	nt(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wet adopted by the board of directors.	re
Dated 7/15/2019	
Signature (By the chairman 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, of other court appointed fiduciary by that fiduciary)	
BRUCE CHARLEBOIS	
(Typed or printed name of person signing)	_
PRESIDENT	_
(Title of person signing)	