N1900000 6206

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COVER LETTER

TO: Amendment Section Division of Corporations

A A A	ports Professionals, Inc.		<u> </u>
N1900000620	16		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following	g:	
Vincent Pulignano			
	(Name of Contac	et Person)	
Smith, Gambrell & Russell, LLP			
	(Firm/ Comp	oany)	
50 N. Laura Street, Suite 2600			
	(Address		
Jacksonville, Florida 32202			
	(City/ State and 2	Zip Code)	
vpulignano@sgrlaw.com			
E-mail address	(to be used for future annual	report notification)
For further information concerning this ma	itter, please call:		
Vincent Pulignano		904-598-617	
(Name of Co	ntact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amo	ant made payable to the Flori	da Department of S	State:
	ling Fee & S43.75 Filing e of Status Certified Copy (Additional co enclosed)	Certifi py is Certifi	O Filing Fee cate of Status led Copy tional Copy is used)
Mailing Address		Street Address	

Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Arti

titles of Amendment		
to		. ب
ticles of Incorporation		-
of		
	2010	

Elevate Sports Professionals, Inc.		11 77. 11	PH 5: 1.0
(Name of Corporation as c	urrently filed with the Florida Dep	ot. of State)	C+ 4-5
N19000006206		* *	
(Document	Number of Corporation (if known)		• (_
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	Corporation add	opts the following
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the	e abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		he name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida stre	ret address)	
		, Florida _	
_	(City)	(Zip Ce	nde)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		igations of the po	osition.
	Signature of New Registered As	gent, 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>	<u>1 Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Kelly Kristoff	50 N. Laura Street, Suite 2600
X Add	<u>-</u>		Jacksonville, Florida 32202
Remove			
2) Change	VD	Vincent Pulignano	50 N. Laura Street, Suite 2600
X Add			Jacksonville, Florida 32202
Remove			50 V 1
3) Change	<u> </u>	William Tutwiler	Jacksonville, Florida 32202
X Add			Jacksonvine, Florida 32202
	D	Tad Dickman	50 N. Laura Street, Suite 2600
4) Change X Add			Jacksonville, Florida 32202
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)				
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The date of each amendment(s) adoption:	if other than t
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
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 July 8, 2019	
Signature MM Par II	
(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, or	
other court appointed fiduciary by that fiduciary)	
Vincent Pulignano	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	