N1900 09 528

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
ertified Copies	Certificate	es of Status
Special Instructions to Fil	ing Officer:	
	Office Use O	nly



200337519402

12/09/19--01007--010 **35.00

FILED
2019 DEC -9 AM 9: 55

Amund

JAN 1 4 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

♠ Division of Corporations

NAME OF CORPORATION:	A SCHOLASTIC ESPOR	TS LEAGUE, INC.	
DOCUMENT NUMBER: N1900000952	8		
The enclosed Articles of Amendment and	fee are submitted for filing	3 .	
Please return all correspondence concernin	g this matter to the follow	ing:	
BRIAN YACKER			
	(Name of Con	tact Person)	
YH ADVISORS			
	(Firm/ Co	mpany)	
5882 BOLSA AVENUE, SUITE 100			
	(Addr	ess)	
HUNTINGTON BEACH, CA 92649			
	(City/ State an	d Zip Code)	 -
BYACKER@YHADVISORS.COM			
E-mail address:	(to be used for future ann	ual report notificatio	n)
For further information concerning this ma	tter, please call:		
JOHLENE DE LOS SANTOS		310 at	982-2725
(Name of Con	tact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Fl	orida Department of	State:
■ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & \$\sum \$\\$43.75 \text{ Filin} \text{ Certified Co} \text{ (Additional enclosed)}	py Certif copy is Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA SCHOLASTIC ESPORTS LEAGUE, INC.

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
N19000009528	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stati amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpo. "Company" or "Co," may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>s</u>)
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>
	Marie
	A A
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	The local distriction
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			- <u> </u>
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			·
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Charas			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
Article VII
Plan for Distribution of Assets Upon Dissolution:
UPON THE DISSOLUTION OR WINDING UP OF THE CORPORATION, ITS ASSETS REMAINING AFTER
PAYMENT, OR PROVISION FOR PAYMENT, OF ALL DEBTS AND LIABILITIES OF THIS CORPORATION,
SHALL BE DISTRIBUTED TO A NONPROFIT FUND, FOUNDATION, OR CORPORATION WHICH IS ORGANIZED
AND OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES MEETING THE
REQUIREMENTS FOR EXEMPTION PROVIDED BY SECTION 617 OF THE FLORIDA NOT FOR PROFIT
CORPORATIONS ACT AND WHICH HAS ESTABLISHED ITS TAX EXEMPT STATUS UNDER §501(C)(3) OF
THE INTERNAL REVENUE CODE

E. If amending or adding additional Articles, enter change(s) here:

The	e date of each ame	endment(s) adoption:	, if other than the
dati	e this document wa	s signed.	
Eff	ective date <u>if appl</u>	icable:	
		(no more than 90 days after amendment file date)	
		rted in this block does not meet the applicable statutory filing requirements, this date will no fate on the Department of State's records.	ot be listed as the
Ado	option of Amendn	nent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficie	s) was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no men adopted by the bo	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	11/26/2019	
	Signature	e e	
	Ü	(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)	
		GERALD SOLOMON	
		(Typed or printed name of person signing)	
		CHAIRMAN	
		(Title of person signing)	