N21000012412

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(City/State/	Zip/Phone #)
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(Document	(Number)
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TAT LATI ASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EGST Baynton X Blaze Baseball inc N21000012412 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brad Siye
(Name of Contact Person) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Brack Style
(Name of Contact Person)

at 501715 4767

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status

Certified Copy

(Additional copy is enclosed)

□\$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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Florida D	ept. of State)	
East Boynton XLB	Blaze Baseball	inc
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corp	poration adopts the following
A. If amending name, enter the new name of the corporati	on:	
East Banton Beach Blazename must be distinguishable and contain the word "corporate	e Baseball Inc	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbi	reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NIA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		22 22
		2022 JUN ALL AHA
C. Enter new mailing address, if applicable:	NIA	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10//	28 EE. F
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D. If amending the registered agent and/or registered offic	es adduses in Elevide, ententhe na	Ē; €
new registered agent and/or the new registered office a		one of the
Name of New Registered Agent: Dru	id Slue	
2511	r SW 13th St	
·-	(Florida street adde	ress)
<u>New Registered Office Address:</u>		0.2112.0
Dayr	nton Beach	Florida 334 & O
1	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		751 (2)
I hereby accept the appointment as registered agent. I am far	nitiar with and accept the obligation	ns of the position.
	Beal Sh	
Si	gnature 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	PT John I V Mike I SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Samuel T martin	205 Cypress Pant Dr. Palm Blan Garans FC 33419
Remove 2) Change Add	P	Joseph DG liatter	730 SW 38th AVE Beynten Beach, FC 33435
Remove 3)Remove Add Remove	<u></u>		
4) Change Add			
Remove			
5) Change Add			77 CEL
Remove			FIL AHASSE
6) Change Add			m . •
Remove			FLORIDA 19
E. If amending or addi (attach additional she	ng additional Ateets, if necessary).	rticles, enter change(s) here: (Be specific)	Å 9
			

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	AMIO: 49 E. FLORIDA
	A S
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after ame	endment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date 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 amendment(s) was/were sufficient for approval.

Dated	(1)012033
Signature	Bea Spe
)	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)
	Brad Slye
	(Typed or printed name of person signing)

(Title of person signing)

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