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## **COVER LETTER**

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TO: Amendation Section Division of Corporations

NAME OF CORPORATIO		N ALL-STARS, INC	<u>.                                    </u>	•	
DOCUMENT NUMBER: _	N970000	03471			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
		PETER LEZIN			
	(	(Name of Contact Per	rson)		_
		BRANDON ALL-	STARS, INC.		
		(Firm/ Company)	. <u>.</u>	,	_
		102 S. FALKENB	JRG ROAD		
		(Address)		, , , , , , , , , , , , , , , , , , , ,	_
		ГАМРА, FLORIDA	33619		
	(	(City/ State and Zip C	Code)		_
	PET	ΓER@BRANDONAI	LLSTARS.CC	OM .	
E	-mail address: (to be used	for future annual repo	ort notification	1)	_
For further information conc	erning this matter, please of	call:			
PE	TER LEZIN	at	813	571-7744	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida D	epartment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A	ddress	Str	eet 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 to Articles of Incorporation of

	BRANDON ALL-STARS, INC.
(Name of Corporation a	s currently filed with the Florida Dept. of State)
	N97000003471
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	corporation:
BA BOO	OSTERS, INC. The new
name must be distinguishable and contain the word ' "Company" or "Co," may not be used in the name.	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	1 office address:
Name of New Registered Agent: _	
<u>-</u>	
New Registered Office Address:	(Florida street address)
<del>-</del>	, Florida
New Registered Agent's Signature, if changing Re	I am familiar with and accept the obligations of the position.
say weeep, me appointment as registered agent.	Tum juminar with and accept the vongations 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: XChange Remove Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	D	JACQUES VILFORT	4207 W. Bay Villa Avenue
Add			Tampa, Florida 33611
Remove			
2) Change		_	
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			- the state of the
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (attach additional sheets, if nec	essary). (Be sp	ecific)				
NONE						
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The date of each amendment(s) a	, MARCH 21, 2016	, if other tha
date this document was signed.		<del></del>
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or mem adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated	MARCH 21, 2016	
Signature	lit Zi	
(By the char have not be	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	PETER LEZIN	
<del></del>	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR, MEMBER	
<del></del>	(Title of person signing)	