P01000119694

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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rope Way

COVERLETTER

TO Amendment Section
Division of Corporations

NAME OF CORPO	RATION:SAS	LS, INC.	
DOCUMENT NUM	BER: <u>PO\000</u>	0119694	
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corre	spondence concerning thi	s matter to the following:	
	SCOTT SIM	PSON Jame of Contact Person	
		THC. Firm/ Company	
	4243 THAY	ER ALLEY Address	
	•	FL 32814 ity/ State and Zip Code	
	E-mail address: (to be use	meremac.com d for future annual report notification)	
For further informatio	n concerning this matter,	please call:	
Scott Sim	PSON	at (407) 595 -	8983
Name of 0	Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check fo	or the following amount m	nade payable to the Florida Depar	tment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$\bigsquare\squa	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2011

SCOTT SIMPSON 4243 THAYER ALLEY ORLANDO, FL 32814

SUBJECT: SASLS, INC.

Ref. Number: P01000119694

We have received your document for SASLS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 911A00023726

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amenament

to
Articles of Incorporation

	of			
SASLS, IN	IC.			
(Name of Corporation as curren	tly filed with the F	lorida Dept, of State)		
P01000119694				
(Document Numb	er of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes, th	nis <i>Florida Profit Corpo</i>	pration adopts the follow	wing
A. If amending name, enter the new name of t	he corporation:	·		
FOLLOW THROUGH SPO	RTS, INC	•	The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the disame must contain the word "chartered," "profe	e word "corporation" esignation "Corp,"	on," "company," or "i "Inc," or "Co". A pro	ofessional corporation	
B. Enter new principal office address, if application of the principal office address MUST BE A STREET	cable:	4243 THAYER , ORLANDO, FL 32	accey BIY	
		(
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>		TI NOV -	说
			FILED -8 PM 2 SSEE, FLC	
 If amending the registered agent and/or registered agent and/or the new registered. 	<u>zistered office addr</u> ered office address:	ess in Florida, enter the	nante of the	
Name of New Registered Agent:	ored direct multi-con-			
New Registered Office Address:	(Florida str	reet address)		
		Flo	rida	
	(City)	(Zip Code		
lew Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as registered age	ent. I am familiar w	vith and accept the obliga	itions of the position.	
Sig	nature of New Regis	stered Agent, if changing		

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> / <u>Name</u> Address Type of Action ☐ Add ☐ Remove ☐ Add _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

II amending the Officers and/or Directors, enter the little and name of each officer/director being

The date of each amendment(s) a	doption: <i>OC</i>	TOBER 1	201/	
	(date of	adoption is requ	ured)	
Effective date <u>if applicable</u> :	NOVEMBER	1,20(1		
(no	more than 90 days afte	r amendment fil	e dale)	
Adoption of Amendment(s)	(CHECK ON	E)		
The amendment(s) was/were ad by the shareholders was/were so		ers. The number	r of votes cast for the	amendment(s)
The amendment(s) was/were ap must be separately provided for				
"The number of votes cast	for the amendment(s) w	/as/were sufficie	nt for approval	
by	ing group)	· ··	1	
(vot	ing group)			
The amendment(s) was/were ad action was not required.	lopted by the board of d	irectors without	shareholder action a	and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporat	ors without shar	cholder action and s	harcholder
Dated00	70BER 20, 20	<u>//</u>		
selected	rector president of other. by an incorporator – if	f in the hands of		
	Scott SI	mPSON		
	(Typed or prin	ited name of per	son signing)	
_	PRESIDE/	47		
	(Title of person signal	gning)		