ROM: (FLEASENLINT) PHONE (1/UY) 7/0-6555. TRiple Plays. 7605 Beach blud Tacksonville, FL 32216. Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #) 690956533864 -06/03/0201006007 *****35.00 *****35.00
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document#)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy 2 Photocopy Certificate of Status Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 10, 2002

TRIPLE PLAYS
7605 BEACH BLVD.
JACKSONVILLE, FL 32216

SUBJECT: TRIPLE PLAYS OF JACKSONVILLE, INC.

Ref. Number: P02000047617

We have received your document for TRIPLE PLAYS OF JACKSONVILLE, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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.

Carol Mustain Corporate Specialist Letter Number: 102A00038049

ON HAS BEEN MADE, PLEASINISION OF CORPORATIONS

CORDINGLY.

THANK YOU.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

para the manufacture of the supplication of th	
TRIPLE PLAYS OF JACKSONVIlle, I INC	u _م .
(prevent narce)	
P02000047617 (December of Composition (If Known) PS	
(Descare Nomber of Corporation (Il known)	Ω.
	10
Pursuant to the proof these of section to 1.1895, Florida Statices, this Florida profit con Regular following articles of smeadment to its articles of measuration.	o ⊆ do ρ∆,
the following detailes of simplicinism to its definite of incorporation.	0
	2 11
PIRSI: Amendment(s) adopted study we art cle numberle; being amended, added or deright,	, <u> </u>
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P. SOE	HOENT
OHANGE OF RESISTERED	MIGERI
O VI (6) - CHANGE OF REGISTERED VISEE ATTACHMENT	
	/
	Caranes
@ VIII (7) - RESIGNATION OF PRESIDEN	TO WARM
(7) - RESIGNATION OF PRESIDENT	" " " All and " "

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption: FOURTH: Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by_ (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) OR (By a director if adopted by the directors) OR (By an incorporator if adopted by the incorporators) STEUE R MANN (Typed or printed name)

PRESIDENT.

OFFICER / DIRECTOR RESIGNATION

I, GREGORY A. MANN , hereby resign as PRESIDE (Title)	NT		
of TRIPLE PLAYS OF JACKSONVILLE, INC. (Name of Corporation)			
a corporation organized under the laws of the State of FLORIDA			
and affirm that the corporation has been notified in writing of the resignation.	SECRETARY ALLAHASSE	02 JUN 18	
(Signature of resigning officer/director)	OF STATE	PM 1: 2:	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TRIPLE PLAYS OF JACKSONVILLE, INC.
77.75
2. The mailing address of the corporation: 7605 BEACH BLVD. JACKSONVIlle, FL 32216
3. Date of incorporation/qualification: April 26, 2002 Document number: P02000047617
4. The name and address of the current registered agent and office:
GREGORY A. MANN
7605 BEACH BOULEVARD
Jacksonville, FL 32216
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
OTEVEN K. MANN
7605 BEACH BoulevARD
JACKSONVIllE, FL 32216
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Signature of an officer, chairman or vice chairman of the board) 5-28-02 (Date)
57 FUE Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Signature of Registered Agent) 5-28-62.
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
, (copacily)
* * * FILING FEE: \$25.00 * * *

CR2E045(9/00)