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Florida Department of State

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COR AMNE

OR AMND/RESTATE/CORRECT OR O/D RESIGN
GOLFTIME OUTINGS INC.

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 \$43.75

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COL	RPORATION: GolfTime O	utings Inc.		
DOCUMENT N	UMBER: P04000065933			
The enclosed Ara	ticles of Amendment and fee a	are submitted for filing.		
Please return all	correspondence concerning the	is matter to the following:		
_ <u>B</u>	rittani Phelps	of Contact Person)		
	(Ivaine	or Contact Person)		
В	usiness Filings Incorporated	-/	· · ·	
	(FI	rm/ Company)		
_86	025 Excelsior Dr., Ste. 200	(4.11)		
÷		(Address)		
<u>M</u>	adison, WI 53717	,		
For further inform	city/ so nation concerning this matter,	ate/and Zip Code) please call:		
		-	•	
Brittani Phelps (Name of Contact Person)			at (800) 981-7183 ext. 269 (Area Code & Daytime Telephone Number)	
·	ck for the following amount:	(,	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & 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 409 E. Gaines Street Tallahassee, FL 32399		

Articles of Amendment to Articles of Incorporation

GolfTime Outings Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P04000065933

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
ARTICLE II PRINCIPAL OFFICE
The principle place of business and mailing address of this corporation shall be:
2260 S. Ferdon Blvd., #52, Crestview, Florida 32536
ARTICLE V OFFICERS/DIRECTORS
The initial director of the corporation is:
C.A. Shelton, 2260 S. Ferdon Blvd., #52, Crestview, Florida 32536
The initial officers of the corporation are:
C.A. Shelton, President, 2260 S. Ferdon Blvd., #52, Crestview, Florida 32536 (Attach additional pages if necessary)
If an amendment provides for 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)
(continued)

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Articles of Amendment to Articles of Incorporation of GolfTime Outings Inc.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: C.A. Shelton, 2260 S. Ferdon Blvd., #52, Crestview, Florida 32536

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The date of each amendment(s) adoption: 12/14/2005	
Effective date if applicable:	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of votes cast f the amendment(s) by the shareholders was/were sufficient for approval.	or
☐ 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 b	y
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ion
The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.	nd
Signed this 30 ¹⁴ day of OECEMBE 2005	
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	,
C.A. Shelton (Typed or printed name of person signing)	
President	
(Title of person signing)	

FILING FEE: \$35