PD800012850

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(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
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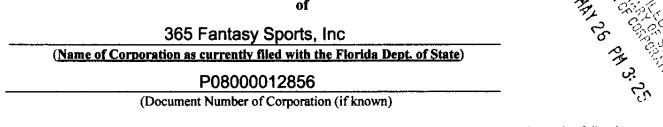
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION:	365 Fantasy Sports, Inc
DOCUMENT NUMBER:		P08000012856
The enclosed Artic	les of Amendment and fee	are submitted for filing.
Please return all co	rrespondence concerning th	is matter to the following:
_		Neil Odze
	1	Name of Contact Person
	365	5 Fantasy Sports, Inc
		Firm/ Company
	1005	W State Road 84 #181
		Address
	Fort	Lauderdale, FL 33315
	(City/ State and Zip Code
	neilo9 E-mail address: (to be use	99@hotmail.com ed for future annual report notification)
For further informa	ation concerning this matter	, please call:
	Neil Odze	at (954)232-6788
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount i	nade payable to the Florida Department of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



. If amending name, enter the new name o	of the corporation:	The i
me must be distinguishable and contain obreviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	e designation "Corp," "Inc,	" or "Co". A professional corporat
Enter new principal office address, if apprincipal office address MUST BE A STREE		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changi ereby accept the appointment as registered to		nd accept the obligations of the position
	Signature of New Registerea	Agent if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Damaya
	 		
······································			(**) (**)
Article IV	additional sheets, if neces		000
		· · · · · · · · · · · · · · · · · · ·	
<u>provis</u>		an exchange, reclassification, or cancellation he amendment if not contained in the amendry <i>V</i> (<i>A</i>)	
N/A			
· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a	doption: May 12, 2011
Effective date if applicable:	(date of adoption is required)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	ing group)
(von	ing group)
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated5//2	./11
Signature	Mus
(By a dir	rector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)
	Neil Odze
_	(Typed or printed name of person signing)
	President
*********	(Title of person signing)