Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE DRAVES LAW FIRM, P.A.

Account Number : I20080000088 Phone : (407)423-1183 Fax Number : (407)841-6746

COR AMND/RESTATE/CORRECT OR O/D RESIGN

6TH SENSE TENNIS ACADEMY OF ORLANDO FLORIDA, INC.

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Articles of Amendment

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Articles of Incorporation

SECRETARY OF STATE TALLAHASSEE, FLORIDA

•				
6th Sense Tennis Academy of Orlando Flonda, Inc.				
(Name of Corporation as currently filed with the Florida Dept. of State)				
P080000 29784				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Plorida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
The new				
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Principal office address MUST BE A STREET ADDRESS)				
10400 County Road 48				
Howey in the Hills Florida 34797				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Clo Mission Inn Resort & Club				
10400 County Road 48 Howey in the Hills, Florida 34797				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent: Donna L. Draves				
New Registered Office Address: (Florida street address)				
Orlando, Florida 32801 (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered Agent, if changing				
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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)

Title	Name	Address	Type of Action
ZID	Rick Strombeck	150 Terra Manoo Lo Orlando, floriali 31	Add Remove
			Add Remove
(attach a	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe	ctfic)	
provisi	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendme	fissued sharcs, nt itself:

The date of each amendment(s) adoption:	October 20,2009
	(date of adoption is required)
Effective date <u>if applicable</u> : (no more than 9	0 days after amendment file date)
Adoption of Amendment(s) (CH	IECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	dment(s) was/were sufficient for approval
by(voting group)	73
(voting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated10/2	20/09
Signature	ika Stralk
(By a director, president	dent or other officer I if directors or officers have not been porator — if in the hands of a receiver, trustee, or other court by that fiduciary)
<u>P1</u>	CK STROMBECK ped or printed name of person signing)
	ECTOP of person signing)