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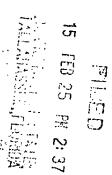
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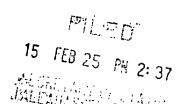
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: After School	ol Kicks Inc		
DOCUMENT NUMBER: P090000401			
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:		
Donna Crino			
	Name of Contact Person	1	
Achieva Credit U	nion		
	Firm/ Company		
P.O. Box 1500			
	Address	· · ·	
Dunedin, FL 346	98		
	City/ State and Zip Cod	e	
send2cacicA@verizo	n net		
	sed for future annual report		
E-mail address. (to be us	sed for future simusi report	notification)	
For further information concerning this matter, pleas	se call:		
Danijel Cacic	_{at (} 727	525-1400	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	witment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
Certificate of Status	Certified Copy	Certificate of Status	
	(Additional copy is	Certified Copy	
	enclosed)	(Additional Copy	
		is enclosed)	
Mailing Address	Street	Address	
Amendment Section		ment Section	
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee FI 32314	2661 Evecutive Center Circle		

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



After School Kicks Inc

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

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ment(s) to

(Document Number	r of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fl	orida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name of th	e corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corpo	
B. Enter new principal office address, if applica	able:		
(Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)		
D. If amending the registered agent and/or registered agent and/or the new registered		s in Florida, enter the n	ame of the
Name of New Registered Agent	· · · · ·		
Nume of New Acquirees Agent			_
	(Florida stree	address)	_
N . P	(2		1_
New Registered Office Address:	(City)	, Florid	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages		h and accept the obligati	ons of the position.
, woody the appointment to regulate the legal	···· a wire juicement wie		
Signature	of New Degistered Ac	ent if changing	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PID.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John J	<u>Doe</u>	
X Remove	Y Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	PS	Danijel Cacic	oie
Add	-		
2) Change	<u>VT</u>	Patricia Cacis Chifulia Ce	
Add Remove			
3) Change	Territorio		
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

1	smending or adding addition tach additional sheets, if neces.	sary). (Be spec	ific)		
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(f .)	n amendment provides for a ovisions for implementing th (if not applicable, indicate N	e amendment if	assification, or c not contained in	ancellation of issu the amendment it	ed shares. self:
					<u> </u>
		· · · · · ·			

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated February	. <i>17</i> , 2015 ₂	
Signature	Duil Cario	_
	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	
	ed fiduciary by that fiduciary)	
	Danijel Cacic Caric Carie	
	(Typed or printed name of person signing)	
1	President	
_	(Title of person signing)	