185 NOW 10485

| (Re | questor's Name) | |
|-------------------------|-------------------|------------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | Office Use On | ly |

3/17/001



800144816518

03/05/09--01017--024 **35.00

The state of the s

2009 MAR 12 PM 3: 37
SECRETARY OF STATE

2009 MAR 12 PM 3: 3



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2009

JEAN JORDON FIELDS, PA 416 CORTEZ AVENUE STUART, FL 34994

SUBJECT: BILL HEBSON MULTI SPORTS MANAGEMENT AND MEDIA, INC.

Ref. Number: P09000010485

We have received your document for BILL HEBSON MULTI SPORTS MANAGEMENT AND MEDIA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 909A00007819

SECRETARY OF STATE.

00:8 MA 11 AAM 800S

RECEIVED.

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORI | poration: <i>Bill H</i> | lebson Musti S | PORTS HAWAGENEN |
|----------------------|--|--|---|
| DOCUMENT NU | MBER: P09000 | 010485 | |
| The enclosed Artic | cles of Amendment and fee ar | re submitted for filing. | |
| Please return all co | orrespondence concerning this | s matter to the following: | |
| | Jo Las r | of Contact Person) | |
| | | 15 PA | |
| | (-1) | , | |
| | , | (Address) | |
| | Strain Fr | 3 4 9 9 4 ate and Zip Code) | |
| | (City/ St | ate and Zip Code) | |
| For further inform | ation concerning this matter, | please call: | |
| (Nam | e of Contact Person) | at (772) 2d (Area Code & Daytim | FC - 0 8 - 98 |
| | | ade payable to the Florida De | |
| \$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) |
| P.O. Box 6 | nt Section f Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curren | tly filed with t | he Florida Dept. of S | tate) |
|---|------------------|---|--|
| | 00 10 48 | | _ |
| (Document Numb | | | de 11 |
| Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorporate | Florida Statu | , | it Corporation adopts the |
| A. If amending name, enter the new name of t | he corporatio | <u>n:</u> | 86,00 3.33 |
| The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | Inc.," or Co. | " or the designation," the word "charter | " "company," or "Corp," "Inc," or ed," "professional |
| B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u> | | 3301 SU DALM C:+ | y Fr |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.) | E BOX) | 349 | SUNSET TRACE CIrcle |
| D. If amending the registered agent and/or renew registered agent and/or the new regist | | 3 y 9 90 address in Florida, e | |
| Name of New Registered Agent: | | | |
| <u>New Registered Office Address:</u> | (Flor | da street address) | |
| | | | , Florida <i>(Zip Code)</i> |

Signature of New Registered Agent, if changing

position.

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> | Name | | Address | | pe of Actio | <u>on</u> \ |
|--------------|---|-----|------------------------------|------------|---------------|------------------|
| PST | William Hebson | . ¥ | BAN City Fe 34990 | ~~/c_ | Add Remove | CHANGE TO ADDUIS |
| | | | | _] | Add Remove | |
| | | | | | Add Remove | |
| | nding or adding additional Articles, of additional sheets, if necessary). (Be | | | | | - - |
| | mendment provides for an exchange | | | | | - |
| | not applicable, indicate N/A) | | or Contained in the amendmen | —— | | - |
| | | | | | | - |
| | | | | | | - |
| | | | | | | • |

| The date of each amendment(s) | adoption: |
|--|--|
| Effective date if applicable: | |
| (ne | o more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were a by the shareholders was/were s | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | pproved by the shareholders through voting groups. The following statemen or 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 | ting group) |
| (vo | ting group) |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder |
| Dated 3 - 9 - | 09 |
| Signature <u>W</u> | un Harrie |
| (By a d selected | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| _ | (Typed or printed name of person signing) |
| | Pres |
| - | (Title of person signing) |