P0900001180

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June 2, 2010

JENNIFER TROWBRIDGE STOECKLEIN LAW GROUP 402 WEST BROADWAY, STE 690 SAN DIEGO, CA 92101

SUBJECT: EXTREME SPORTS MARKETING, INC.

Ref. Number: P09000011180

We have received your document for EXTREME SPORTS MARKETING,INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 110A00013791

STOECKLEIN LAW GROUP, A PROFESSIONAL CORPORATION

PRACTICE LIMITED TO FEDERAL SECURITIES

EMERALD PLAZA 402 WIST BROADWAY SUITE 690 SAN DIEGO, CALIFORNIA 92101 TELEPHONE: 1619) 704-1310 FACSIMILE: 1619) 704-1325

EMAIL:

DJS@SLGSECLAW.COM WWW.SLGSECLAW.COM

June 10, 2010

Florida Department of State Division of Corporations P.O. box 6327 Tallahassee Florida, 32314

Subject: Extreme Sports Marketing, Inc.

Ref Number: P09000011180

We have enclosed our filing and have included the original signatures.

Please return documents to;

Jennifer Trowbridge Stoecklein Law Group 402 West Broadway, Ste 690 San Diego, CA 92101

Thank you for your assistance.

Jennifer Trowbridge

Stoecklein Law Group

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	Extreme Sports Marketin	ng, Inc.
DOCUMENT NUMB	ER:	P09000011180	0
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corres	pondence concerning th	is matter to the following:	
		ennifer Trowbridge	
	,	Name of Contact Person	
	Sto	pecklein Law Group	
		Firm/ Company	
	402 W	est Broadway Suite 690	
		Address	
	Sa	an Diego, Ca 92101	
	C	City/ State and Zip Code	
	Steve@ E-mail address: (to be use	ofreedomgrill.com If for future annual report notification)	
For further information	concerning this matter,	please call:	
Jennife	er Trowbridge	at (619)	704-1310
Name of C	ontact Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount n	nade payable to the Florida Depa	artment of State:
☑ \$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 Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEU

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Extreme Spo	orts Marketing, INC		— SECRETARY OF STATE —TALLAHASSEE, FLORIDA
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	
P090	000011180		
(Document Num	ber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corpo	eration adopts the following
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professional".	designation "Corp," "Inc,	" or "Co". A pre	fessional corporation
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFIC	<u> </u>		
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street aa	(dress)	
_	(Cit.)	, Flo	rida
	(City)	(Zip Code	<i>()</i>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		d accept the obliga	itions of the position
, ap appointment as registered ug	om rumjumuu minun	a accept the ootige	моть ој те розишт,

Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Jason Genet	P.O. Box 264 Salem MA 01970	
Pres	David Peralta	P.O. Box 264 Salem MA 01970	☑ Add ☐ Remove
			
(dilderi si	dditional sheets, if necessary). (Be s	poory	
provisi	nendment provides for an exchange ons for implementing the amendmen not applicable, indicate N/A)		
	от иррисцые, такие полу		

The date of each amendments	(s) adoption: May 25, 2010
77.0045 3 . 4 . 50 11 1	(date of adoption is required)
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/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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
by	(voting group)
	(vointig group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 5	/27/10
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
- \$F	· · · · · · · · · · · · · · · · · · ·
	Oavid D. Peralta (Typed or printed name of person signing)
	President (Title of person signing)