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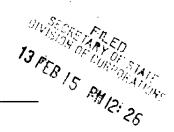
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	$_{TION:}$ G.O.A.L.S	S. INDOOR SPO	ORTS, INC.	
DOCUMENT NUMBER	R. P100000370	09		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
В	arb McBride			
_		Name of Contact Person	1	
S	outh Beach Ta	ax & Financial Services		
		Firm/ Company		
3	20 Osceola Av	renue		
		Address		
J	acksonville Be	ach, FL 32250		
		City/ State and Zip Code	e	
GOA	LSINDOOR@	GMAIL COM		
		sed for future annual report	notification)	
For further information co	oncerning this matter, pleas	se call:		
Barb McBride	<b>!</b>	at (904	241-2533	
Name of C	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	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)	
Amenda Division P.O. Bo	<u>a Address</u> ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## **Articles of Amendment** to Articles of Incorporation



## G.O.A.L.S. INDOOR SPORTS, INC.

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

P10000037009

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

TEAM PANTHER LACROS	<del></del>	2 daguagus P on Gingana	The section of the section	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional corpora		
Enter new principal office address, if applica	able:	262 Sophia Te	a Terrace	
rincipal office address <u>MUST BE A STREET</u> A	ADDRESS )	St. Augustine, FL		
		32095		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	( <u>BOX</u> )			
(Mailing address <u>MAY BE A POST OFFICE</u>	istered office addres	s in Florida, enter the nam	e of the	
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered	istered office addres	s in Florida, enter the nam	e of the	
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered	istered office addres		e of the	
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered	istered office addres red office address:		e of the	

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 PTD.

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<del></del>	<del>a -</del>		
Add				
Remove				
2) Change		<b></b>		
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3) Change		<del>-</del>		
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4) Change		_		
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Remove				<u> </u>
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(	If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)
	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
3	nares shall be reclassified to reflect:
)	avid M. Ott - 500 shares
V	elissa T. Ott - 50 shares
_	

The date of each amendment(s)	Adoption: February 1, 2013
Effective date if applicable:	ebruary 1, 2013
парриский.	(no 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	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	31
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Febr	uary 1, 2013
Signature	at most
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	David M. Ott
	(Typed or printed name of person signing)
	President
	(Title of person signing)