P10000084739

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	γ/State/Zip/Phone #	()
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SECRETARY OF STATE
SECRETARSSEE, FLORID

ADR 11/22/10

COVER LETTER

. O: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Sports Edge Systems, Inc.
DOCUMENT NUMBER:	P10000084739
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Perny	Name of Contact Person
Sport	S Edge Systems Fire Company
750	Fire Company HIGHWAY 92 SO Address
- Fay	City/ State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this	
Name of Contact Person Nottelo Enclosed is a check for the following a	at (404) 788 3338 OR 954-548-2578 Area Code & Daytime Telephone Number 954-548-3578 mount made payable to the Florida Department of State:
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2.94.30

Sports Edge Systems, Inc.	Ó
(Name of Corporation as currently filed with the Florida Dept. of State)	
P10000084739 2010 NOV 22 PM	3-41
(Document Number of Corporation (if known)	
SECRETARY OF Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit department amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" abbreviation "Corp.," "hc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corname must contain the word "chartered," "professional association," or the abbreviation "P.A."	" or the poration
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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: Pens / Ditto	
3000 NE 48 45 #305	
New Registered Office Address: (Florida street address)	~
FT Landerdule Florida 33	<u> </u>
(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 p Signature of New Registered Agent, if changing	osition.

nending the Officers and/or Directors, enter the title and name of each officer/director being moved and title, name, and address of each Officer and/or Director being added: Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
	Geraldine Nittolo		☐ Add ☑ Remove
$\overline{\mathbb{D}}$	Perry Without		Add Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		
N/A			

¿ date of each amendmen	t(s) adoption	: 11/8/2010		
Effective date if applicable:	N/A	(date of ad	option is required)	
Enecuve date ir apyricanie.		an 90 days after a	mendment file date)	
Adoption of Amendment(s)		(CHECK ONE)		
The amendment(s) was/wo by the shareholders was/w			The number of vote	s cast for the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the a	mendment(s) was/	were sufficient for a	oproval
by N/A				
	(voting grou	(p)		
The amendment(s) was/we action was not required.	ere adopted by	the board of direc	ctors without shareho	older action and shareholder
The amendment(s) was/we action was not required.	ere adopted by	the incorporators	without shareholder	action and shareholder
				r officers have not been
		corporator – if in ary by that fiducia		er, trustee, or other court
		PENNY	D. M. T.T name of person sign	olo
		(Typed or printed	name of person sign	ing)
		DiRec	tof	
	(Tit	le of person signin	ıg)	