

FROM metro business agency
Division of Corporations

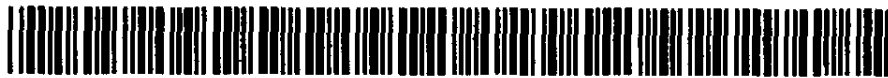
(MON) AUG 13 2012 15:29:57.15:28/No. 9180070747 P. 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : METRO BUSINESS AGENCY, INC.
Account Number : I20080000101
Phone : (239) 466-8600
Fax Number : (239) 275-0865

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Hanna D metroinsurancefl.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TIGERS DUGOUT INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Amend
(1a 8/14/12)

Electronic Filing Menu

Corporate Filing Menu

Help

FROM metro business agency

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112000203284

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **TIGERS DUGOUT INC**

DOCUMENT NUMBER: **P11000049267**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANNA SRODA

Name of Contact Person

METRO BUSINESS AGENCY

Firm/ Company

4460 CLEVELAND AVE, SUITE E

Address

FORT MYERS, FL 33901

City/ State and Zip Code

HANNA@METROINSURANCEFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES H SHIRKEY

Name of Contact Person

at **(863) 934-0451**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Circle
Tallahassee, FL 32301



August 13, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TIGERS DUGOUT INC.
3260 U.S HWY 98 NORTH
LAKELAND, FL 33805

SUBJECT: TIGERS DUGOUT INC.
REF: P11000049267

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

No comma in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: E12000203284
Letter Number: 412A00020852

2012 AUG 13 AM 8:03

RECEIVED
TO CORP FILED
SUFFICIENCY OF FILING

Articles of Amendment
to
Articles of Incorporation
of

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

TIGERS DUGOUT INC.

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

METRO BUSINESS AGENCY, INC

4460 CLEVELAND AVE, SUITE E

(Florida street address)

New Registered Office Address:

FORT MYERS

(City)

33901

(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 position.

[Signature]
Signature of New Registered Agent, if changing

H12000 203 204 3

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|---------------|------------------------|-------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>JAMIL KASSAM</u> | <u>3260 US HWY 98 N</u> |
| <input type="checkbox"/> Add | | | <u>LAKELAND, FL</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>33805</u> |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>JAMES H SHIRKEY</u> | <u>3260 US HWY 98 N</u> |
| <input checked="" type="checkbox"/> Add | | | <u>LAKELAND, FL</u> |
| <input type="checkbox"/> Remove | | | <u>33805</u> |
| 3) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 4) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 5) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 6) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: AUGUST 13, 2012

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.Dated 08/13/2012

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JAMIL KASSAM

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)