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SECRETARY OF STATE

C. LEWIS

AND 1 3 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: GO	PLAY, 1NCO.	n PON AIE)
DOCUMENT NUMBER	:_ P/100	0064772	
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matter to the following:			
		Name of Contact Person	
		Y /NCORA: Firm/ Company	DAATE U
	POB 70	7 Address	
		City/ State and Zip Code	6427
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
EVERETTE A. Name of C	PRICE Ja	at (25/ Area Co) <u>809 - 0402</u> de & 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)
<u>Mailing</u>	Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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	, , , , , , , , , , , , , , , , , , ,
(Name of Corporation as currently filed with the F	SECRETARY OF STATE
(Name of Corporation as currently filed with the F	SECRETARY OF STATE TOTICA Dept. of State) TALLAHASSEE, FLORID
(Document Number of Corporation (i	2
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	109 BLACKSHER ST.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BREWION AL 36426
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POB 707 BREWTON AL 36427
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent JOANN	SAUCIÉR
326 OAK AU	reel address)
New Registered Office Address: SANTA ROSA (City)	3=ACH , Florida, 32459 - 5651 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New Registered	with and accept the obligations of the 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)

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 D	<u>loe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PT	_	KATE PRICE-HOWARD	3142 LINDEN AUF
Add				GULF BAFFRE FL 32563
Remove				
2) Change	PT	_	EVERETTE A. PRICE, IL	109 BLACK SHER ST
√ ∧dd				BREWDN AL 36426
Remove				
3) Change		_		
_ <u>-</u> Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
AMENDING ARTICLES
KATE PRICE-HOWARD (PT) LEAUING
EVERETTE A. PRICE, JA. (PT) REPLACING HA
JOANN SAUCIER, REGISTERED ROENT
F. If 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)

The date of each amendment(s) adoption:	FILED
date this document was signed.	. if other than the
Effective date if applicable: $8/9/20/3$ (no more than 90 days after amendment fit	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The families the separately provided for each voting group entitled to vote separately on the ame	
"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 action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 8/1/2013 Signature Thenth Alm	
(By a director, president or other officer – if directors or officer, selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
EVERETTE A. PRICE. (Typed or printed name of person sign	Ta.
PRESIDENT	
(Title of person signing)	