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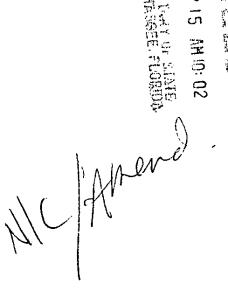
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 30, 2016

MR. & MRS. F.A. BONACCI 705 MAINSAIL PL. NAPLES, FL 34110

SUBJECT: RICH MIKE ASSOCIATES INC___CHANGEL for Page 1.

LL TEHHIS GROUP INC"

We have received your document for RICH-MIKE ASSOCIATES INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

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

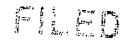
Darlene Connell Regulatory Specialist III

Letter Number: 816A00018484

Telan al Meh

www.sunbiz.org

Articles of Amendment to Articles of Incorporation



RICH MIKE ASSOCIATES INC.

16 SEP 15 AN 10: 02

(Name of Co	orporation as currently	filed with the Florida Denti of State)	OF STATE
P110000	79751	r filed with the Florida Deptiof State)	TORIDA.
1,1000	79251 (Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this I	Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name	of the corporation:		
CL TENNI.	S GROUP 1	NC.	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	the word "corporation n "Corp," "Inc," or "C	n," "company," or "incorporated" or Co". A professional corporation name	the abbreviation
 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 new registered agent and/or the new registered office address: 		705 MAINSAIL	PL
		NAPLES, FLORI	04 34110
			PL DA 34110
	-	BONACCI	
Nume of New Registered Agent	· ·	IAINSAIL PL	
New Registered Office Address:	(Florida stre 705 MAIN NAPLE	eet address) SAL PL , Florida (City)	 34/10
		(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered.	ging Registered Agent: l agent. I am familiar w	vith and accept the obligations of the pos	ition.

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)

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	PT John	Doc	
X Remove	<u>V</u> <u>Mik</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	MIKE SHIELDS SR	1045 TARPON COVEDR 104
Add Remove			NAPLES, FLORIDA 34/10
2) Change Add	<u>D</u>	FRANK BONACCI	705 MAINSAIL PL NAPLES, FLORIDA 34110
Remove 3) Change X Add	<u>TD</u>	JUDITH BONACCI	705 MAINSAL PL NAPLES, FLORIDA 34110
Remove 4) X Change Add	<u> PD</u>	DAVE ESTEP	121 GREEN FIELD CT NAPLES, FLORIDA 34110
Remove 5) Change Add X Remove	<u>50</u>	RICHARD HENNINGS	699 CATAMARAU CT NAPLES, FLORIDA 34112
6) Change Add			
Remove			

E. If amending or adding additions (Attach additional sheets, if necess	
•	LAKE HOLDERS
•	ch Hennines
MI	CE SHIELDS
	dd Warn
	IE ESTED
	ME BONACLI
	lith Boyacci
provisions for implementing the (if not applicable, indicate)	
Re-classi Fileti	
1/3 - DAUC	
1/3- FRANK	
1/3- Judith	- Bónacci

· · · · · · · · · · · · · · · · · · ·	
The date of each amendment(s) adoption: Aegus T 15, Full date this document was signed.	, if other than the
Effective date if applicable: Au = 15 3016 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
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)	
(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 AGGGT 15 2016	
Signature In and Foracc'	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
VPRES.	
(Title of person signing)	