P11000086249

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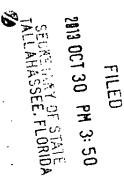
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON THE CO P1100008624	OURSE TEE TII	MES INC	
DOCUMENT NUMBER:	1 110000002-	+3	The state of the s	
The enclosed Articles of Am	endment and fee are su	bmitted for filing.		
Please return all corresponde	nce concerning this mat	ter to the following:		
MR	. DAVID C. RI	EYNOLDS		
		Name of Contact Person	1	
ON	THE COURS	E TEE TIMES II	VC	
		Firm/ Company		
295	NE 5th Ave N	No. 32		
		Address		
Del	Ray Beach, F	L 33483		
		City/ State and Zip Code	e	
dave o	nthecourse@g	rmail com		
		ed for future annual report	notification)	
	(12 12			
For further information conc	erning this matter, pleas	e call:		
DAVE C. REYNO	DLDS	at (608	, 345-7657	
Name of Con	tact Person		de & Daytime Telephone Number	
Enclosed is a check for the fe	ollowing amount made p	payable to the Florida Depa	ertment of State:	
□ \$35 Filing Fee □	3\$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 A			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahasse	e, FL 32314		xecutive Center Circle ussee, FL 32301	

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

FILED

2013 OCT 30 PM 3: 50

ON THE COURSE TEE TIMES INC

(Name of Corporation as currently filed with the Florida Dept. of State) SEURE PARY OF STATE TALL AHASSEE, FLORIDA P11000086249

ent(s) to

(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amenda
A. If amending name, enter the new name of the corpor	ation: The ne
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	295 NE 5th Ave No. 32
(Principal office address <u>MUST BE A STREET ADDRES</u>	Delray Beach, FL 33483
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	295 NE 5th Ave No. 32
<u></u>	Delray Beach, FL 33483
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent n/a	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature of New Re	gistered 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	V	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	Р		PETER GOTTSCHALK	1400 GULF SHORE BLVD
Add				SUITE 166
Remove				NAPLES, FL 34102
2) Change	P		DAVID C REYNOLDS	295 NE 5TH AVE NO. 32
Add				Del Ray Beach, FL 33483
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u>.</u>			
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specifie)	
N/A	(De specific)	
<u> </u>		
		
F. If an amendment provides for an exch	ange, reclassification, or cancellation	n of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amen-	<u>dment itself:</u>
N/A		
, 47.5 %		
		
•		
•		
•		
•		

The date of each amendment	(s) adoption: 10/18/2013	, if other than th
date this document was signed.		
Effective date if applicable:	10/18/2013	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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	27	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated 10/1	8/2013	
Dated_10/1	Det Cliver	
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court epointed fiduciary by that fiduciary)	
	PETER GOTTSCHALK	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_