## P12000053731

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
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DIVISION OF CORPORE 20

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA		255 EVENTS 253731	of FLA. INC.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
-	GARFIELD	WGRIFFIT Name of Contact Person	THS
_	FEARLESS.	EVENTS OF	FLA. INC.
_	210 LA	Firm/Company CoSTA A	<i>4</i>
_	WESTON	$F_{c}^{Address}$ 33.	
		/ City/ State and Zip Cod	
	GARFIE	LD @IM	ICSITES. COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call: 75 at (954	721 - 3121
Name o	Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fec & 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>Mail</u>	ing 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

Fearless Events of FlA., INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:	t(s) to
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    MICHELLE J GRIFFTHS	SCHOOL OUR OF THE STATE OF THE
New Registered Office Address.  (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 position.  Signature of New Registered Agent, if changing	) The second sec

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)  Change Add Remove	<u>/</u>	MICHELLE J GRIFT	FITHS 210 LACOSTA CA WESTON FL 33326
2) Add Remove	<u>T</u>	MICHELLE J GRIFFIAM	S 210 LACOSTACT WESTON FC 33326
3) Change Add Remove			
4) Change Add Remove		·	
5) Change Add Remove			
6) Change Add Remove			

	f amending or adding additional Articles, enter change(s) here:  attach additional sheets, if necessary). (Be specific)
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1	f 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)
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The date of each amendment(s) ad	loption: <i>(15)</i>	12
Effective date if applicable:	6/15	1/2
	(no more than 90 da	ys after amendment file date)
Adoption of Amendment(s)	( <u>CHEÇK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su		nber of votes east for the amendment(s)
	roved by the shareholders through each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were su	fficient for approval
by	(voting group)	, n 
	(voting group)	
action was not required.  The amendment(s) was/were ado action was not required.	pted by the incorporators without	shareholder action and shareholder
Dated 7	9/12	_
selected		- if directors or officers have not been nds of a receiver, trustee, or other court
	GARFIELD (Typed or printed nam	CRIFFITHS  e of person signing)
	PRES SI	
	(Title of person sign	ning)