P/3000033907

•
(Requestor's Name)
(Address)
(Address)
((daises)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinesk (Validae))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600248406906

13 JUN 20 M 3 17
SECRETARY OF STATE AHASSFE FLORID

06/03/13--01007--024 **35.00

Aprend. Ob/21/13





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2013

JOHN C. LUCAS MANIAC DARTS, INC. 7472 SAN CASTLE BLVD. LANTANA, FL 33462

SUBJECT: MANIAC DARTS, INC. Ref. Number: P13000033907

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

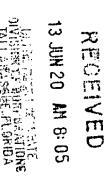
Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your 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 II

Letter Number: 413A00014263



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MANIAC DARTS, INC.					
DOCUMENT NUMBER: P130000 33907					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
John Lucas Name of Contact Person					
MANIAC DARTS INC. Firm/Company					
7472 San Castle Blud Address Lantana FL 33462 City/ State and Zip Code					
Lantana, FL 33462					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Tohn Lucas Name of Contact Person at (56) 374-2225 Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

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

maniac Darts, luc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13 0000 33 907 (Document Number of Corporation (if known)	
(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 arits Articles of Incorporation:	nendment(s) t
A. If amending name, enter the new name of the corporation:	
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevious or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must consword "chartered," "professional association," or the abbreviation "P.A."	ne new eviation tain the
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)	TO LE PLO TO SERVICE DE LA COMPANSION DE
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 ELizabeth A. Davi	17
<u>1472 San Gastle Blvd.</u> (Florida street address) New Registered Office Address: Lantana , Florida 33467	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. 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 <math>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 Doe	
X Remove	<u>v</u> !	Mike Jones	
_X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Elizabeth A. DAVI	1472 San Castle Blud Lantam, FL 33467
<u></u> ∕⁄ Add			Lantano, FL 33462
Remove			
2) Change			_
Add			
Remove			
3) Change		·	
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	·
	· · · · · · · · · · · · · · · · · · ·
-	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 4/15/2013 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes cas	et for the amendment(s) was/were sufficient for approval			
by	(voting group)			
☐ The amendment(s) was/were ad action was not required.	dopted by the board of directors without shareholder action and shareholder			
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder			
Dated	17/2013			
Signature	Med			
select	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)			
	JOHN C-LUCAS			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			