PH000016318

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COVER LETTER

TO: Amendment Section Division of Corporations			14 SE
NAME OF CORPORATION: D &	B SPORTS PERFORI	MANCE, INC.	AUG AUG
	00016318		<u> </u>
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conce	erning this matter to the following:		9: 23 STATE
MARK F	R. COLODNE		A
	Name of Contact F	Person	
GLOBA	L TAX SERVICES	3	
0477 ()	Firm/ Compar	•	
<u>8177 GI</u>	_ADES ROAD - S	UITE 220	
BOCA F	Address AATON, FL. 3343	34	
 	City/ State and Zip	Code	
BRIAN MIF	RIELLO@GMAIL.(COM	
	ress: (to be used for future annual r		
For further information concerning this	s matter, please call:		
BRIAN C. MIRIELL	O _{at} 305	772-5691	
Name of Contact Perso		ea Code & Daytime Telephone	Number
Enclosed is a check for the following a	amount made payable to the Florida	Department of State:	,
	Filing Fee & □\$43.75 Filing Fee tee of Status Certified Copy (Additional copy enclosed)	Certificate of Status	
Mailing Address Amendment Section Division of Corporal P.O. Box 6327 Tallahassee, FL 323	tions D C 14 20	treet Address Imendment Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301	

	Articles of Amendmen	nt	Ps =
,	to Articles of Incorporation	on	
D & b SPORTS PERFORI	MANCE, INC.		25 do 1
(Name of Corporation as currently	filed with the Florida De	ept. of State)	
P14000016318			
(Document Number	of Corporation (if known)		## 23 REE
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida I</i>	Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the	corporation:		
ON YOUR MARK SPORT	S PERFORM	IANCE, INC.	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th B. Enter new principal office address, if applicat (Principal office address MUST BE A STREET AI C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	rp," "Inc," or "Co". A , he abbreviation "P.A." DIC: DDRESS)	ppany," or "incorporated professional corporation i	" or the abbreviation name must contain the
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		orida, enter the name of t	<u>he</u>
	(Florida street addres	rs)	
New Registered Office Address:		, Florida	
	(City)	(2	Iip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		accept the obligations of th	e position.
Thereby accept the appointment as registered agent	. I am jumulur wun dha t	secept the obligations of th	e position.
Signature of	New Registered Agent, if c	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.

Enamels	e, ana sa	iy Smith, SV us un Auu.		
Example: X Change	<u>PT</u>	John Doe		14 AUG SECRET
X Remove	<u>V</u>	Mike Jones		AUG -
X Add	<u>sv</u>	Sally Smith		SSS CO
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	AH 9: 23 OF STATE
1) Change				9: 23 STATE LORIDA
Add				
2) Change				
Add				
Remove				
3) Change				
Remove				
4) Change				
Add			 -	
Remove				
5) Change				
Remove				
6) Change				
Add				
Pemove				

c	If amending or adding additional Articles, enter change(s) here:	SECRETAR TALLAHASS	14 AUG -8
Ŀ,	(Attach additional sheets, if necessary). (Be specific)	SEA.	
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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:	_, if other than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
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):	14
"The number of votes cast for the amendment(s) was/were sufficient for approval	AUG TR
by	∞
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder	# O 9:23
Signature (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)	_
BRIAN MIRELLO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-