## P1400017636

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## \* COVERLETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: DAD Sports Consultants Inc.
DOCUMENT NUMBER: <u>P140000</u> 17636
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Phil Terrano  Name of Contact Person  D+D Sports Consultants Inc.  Firm/Company  4789 Dolphin Drive  Address  Lake Worth, FT 33463  City/State and Zip Code  Coachdril 30 apl com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Mil Tenrano at (501) 533-6733  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  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

of	SECRETAR' DIVISION OF C	Y OF STATE TORPORATIONS
D+D Sports Consultants 1	nc .	
(Name of Corporation as currently filed with the Florid	<u>Ja Dept. of State</u> ) 15 f EB - 9	PM 4:07
P14000017636		
(Document Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	rida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must c	The new breviation ontain 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)		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent  Name of New Registered Agent		
New Registered Office Address: Lake Worth (City)	15° ve oddress), Florida 33463 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Registered Agent		

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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Pres	Shiela Wieser	4789 Dolphin Dr Lase worth, Fl
Add Remove			33/63
2) Change	Pres	Phil Terrano	4789 Dolphin Dr Lake Worth FL
Add Remove			33463
Change Add	<u></u>		
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	if necessary).	des, enter change(s) here: (Be specific)	
	<u> </u>		
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	<del></del>		
	<del> </del>		
If an amendment provid	es for an excha	inge, reclassification, or cancellation of is dment if not contained in the amendment	sued shares,
	dicate N/A)	amont in not contained in the amonament	Ttgurr.
(if not applicable, in			
(if not applicable, in	· · · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s) adoption:	file than the
date this document was signed.	SECRETARY OF STATE OTHER THAN THE DIVISION OF CORPORATIONS
7/2/5	DIAISION OF COM LINE
Effective date if applicable:	and the second of the second o
(no more than	90 days after amendment 1/16 Fale) - 9 PM 4: 07
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The	he 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 the	arough voting groups. The following statement
must be separately provided for each voting group entitled t	
, , , , , , , , , , , , , , , , , , , ,	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by	,,
by(voting group)	·
<del></del> 1	
The amendment(s) was/were adopted by the board of directo	rs without shareholder action and shareholder
action was not required.	
The amendment(s) was/were adopted by the incorporators wi	ithout chareholder action and chareholder
action was not required.	and shareholder action and shareholder
action was not required.	
2/2/15	
Dated 0/3/15	<del></del>
(X, Y,	
Signature Signature	The second secon
	Ficer – if directors or officers have not been the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciar	
appointed redetally by that redetal	<i>,</i>
Shiela	Wieber
(Typed or	r printed name of person signing)
(-)[	
Drez	sident
	Title of person signing)