(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone) #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						
		į				

Office Use Only



900278591329

11/03/15--01022--008 **35.00

110V 05 2015

R. WHILL

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	SATURDA	Y FOOTBAL	L, INC.			
OCUMENT NUMBER: P14000048806						
The enclosed Articles of Amendi						
•		_				
Please return all correspondence	concerning this matter	to the following:				
	KEVIN	Name of Contact Person	·			
		Name of Contact Persor	1			
	SATUR	LOAY FOOT	TBALL, IN	1		
		Firm/ Company				
	_ 230 W	JEKIVA SPR Address	INGS RD	STE 3040		
 -						
	LONGU	100D, FL 3	32779			
		City/ State and Zip Code				
	Kevinesa	sturdaydown	nsouth.co	> m		
E-ma		for future annual report				
For further information concerni	ng this matter, please c	all:				
KEVIN DUFFE	Y	at (407	, 963 42	43		
Name of Contact	Person	Area Co	de & Daytime Teleph	one Number		
Enclosed is a check for the follow	ving amount made pay	able to the Florida Depa	artment of State:			
	3.75 Filing Fee & Crificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fe Certificate of Sta Certified Copy (Additional Copy is enclosed)	atus		
Mailing Addr			Address			
Amendment S Division of Co		Amendment Section Division of Corporations				
P.O. Box 6327		Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

15 NOV -3 AMIO: 57

SATURDAY FOOTBALL, INC. 15 No. P14000048806 (Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:	
N/A	The new
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 contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
- -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	•
-	
-	
D. <u>If amending the registered agent and/or registered office address</u> new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent KEVIN DU	FFEY
	·
	and RD Suite 3040
YUND STANLES / LONG NO	oi) , Florida 32779 (Zip Code)
New Registered Office Address: LONG VOC	y) (Zip Code)
New Registered Agent's Signature, if changing 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)

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: XChange	<u>PT</u> <u>John D</u>	<u>10e</u>			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sally S	<u>mith</u>			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1)Change	CEO	JOSH GATES	280 WEKIVA SPRINGS RD		
Add			SUITE 3040		
Remove			LCNGWOOD, FL 32779		
2) Change	CEO/	ANDREW ROBERTS	280 WEKIVA SPRINGS RD		
Add	CHAIRMAN		SUITE 3040		
Remove			LONGWOOD, FL 32779		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

<u>if amendir</u> Attach <i>add</i>	ng or adding : ditional sheets	additional Art , if necessåry).	i <mark>icles, enter</mark> Be spec	r change(s cific)	s) here:					
	NIA		(<u>-</u>	3 /						
							<u></u>			-
								_		
				<u> </u>	<u>_</u>	•				
			<u></u>					_		
				<u> </u>						
										_
								_		
· ·										
·						· · · · · · · · · · · · · · · · · · ·				_
									·	
· · · · · · · · · · · · · · · · · · ·	_ 3		.b	.)!!!!!	A	aallatian	aficanad s	haras		
provision	ns for implem	ides for an exc enting the am	endment if	not conta	on, or can ained in th	ie amendi	nent itself	inares.		
(if no	ot applicable,	indicate N/A)								
	. (1 0									
	N/A							_		
						_				
_										
		<u></u>					-	<u> </u>		
					-					_
						_				
						<u> </u>				

The date of each amendment(s) adop	tion: OCTOBER	2 29, 2015	, if other than the
date this document was signed.		_	
Effective date <u>if applicable</u> :	CTOBER 29, 8		
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the application and the state's records.	ble statutory filing requirements	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The relient for approval.	number of votes cast for the amer	ndment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ved by the shareholders throu ch voting group entitled to vo	gh voting groups. The following te separately on the amendment	statement (s):
"The number of votes cast for	the amendment(s) was/were	sufficient for approval	
by	(voting group)	, , , , , , , , , , , , , , , , , , ,	
	(voting group)		
The amendment(s) was/were adopte action was not required.	d by the board of directors w	rithout shareholder action and sh	areholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators withou	ut shareholder action and shareho	older
Signature	ER 29, 2015		
selected, b		r – if directors or officers have n hands of a receiver, trustee, or ot	
	KEVIN	J DUFFEY	
_	···	me of person signing)	
	TREA	SURER	
******	(Title of	person signing)	