# P1500015378

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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0 727-539-6800

2240 Belleair Road, Suite 115 Clearwater, FL, 33764

#### yourpersonalattorney.com

### pat@yourpersonalattorney.com

November 18, 2015 File No.: 5643-0000

SENT VIA FEDERAL EXPRESS DELIVERY - TRACKING # 775009270809

Division of Corporations
Attn: Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment for 2<sup>nd</sup> Time Sports Franchise, Inc.

To Whom It May Concern:

Enclosed please find the signed original and one signed copy of the Articles of Amendment of the above named Corporation. We have also enclosed a check in the amount of \$35.00 for the filing fees of the Articles of Amendment. Please mail me a copy of the Articles of Amendment with the appropriate stamped information in the enclosed self-addressed stamped envelope.

Thank you and please do not hesitate to contact our office should you have any questions.

Very truly yours,

O'CONNOR LAW FIRM

Patrick M. O'Connor, Esquire

PMO/klu ... Enclosures

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: 2ND TIME SPOR	TS FRANCHISE, INC.			
DOCUMENT NUMBI	ER: P15000015378		·		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
J	AMES W. GATZA				
<del>-</del>		Name of Contact Persor	1		
2	2ND TIME SPORTS FRANCHISE, INC.				
-	-	Firm/ Company	<del></del>		
2	25716 US 19 N	- ····· - ······,			
Address					
(	CLEARWATER, FL 33763				
City/ State and Zip Code					
HMM	Y@2NDTIMESPORTS.CO	M			
JIIVIIVI	<del>-</del>	sed for future annual report	notification)		
	E man address. (to be us	sed for ratare annual report	nouncationy		
For further information	concerning this matter, pleas	se call:			
JAMES W. GATZA		at (	743-8123		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & 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)		
Amer Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

#### Articles of Amendment to to Articles of Incorporation of

FILED

15 NOV 19 AM 9: 01

2ND TIME SPORTS FRANCHISE, INC	<i>.</i> .	10 1101 15 711 5 01	
(Name o	of Corporation as currently fi	lled with the Florida DooC of State) OF STATE	
P15000015378		TALLAHASSEE FLORIDA	
<del></del>	(Document Number of Co	orporation (if known)	
	(	,	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the following amendm	ient(s) t
A. If amending name, enter the new na	ime of the corporation:		
		The ne	ห'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	' "company," or "incorporated" or the abbreviatio '". A professional corporation name must contain th A."	n ie
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
	•	•	
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )		
	•		
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the	
new registered agent and/or the ne-	JAMES W. GATZA		
Name of New Registered Agent	JANILS W. GATZA		
	25716 US 19 N		
	(Florida street	address)	
New Registered Office Address:	CLEARWATER	, Florida 33763	
	(Ci	ity) (Zip Code)	
New Registered Agent's Signature, if c			
t nereby accept the appointment as regist /	gred agent. I am familiar will	h and accept the obligations of the position.	
	60.10/8		
	anwo		
	Signature of New Reg	Istered Agent, if changing	
	1 /		

# 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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
I) X Change	CEO	JOSEPH SCIANDRA	CORRECTING FIRST NAME		
Add			ONLY		
Remove					
2) Change	VP	JOSEPH G. SCIANDRA	25716 US HIGHWAY 19 N		
Add			CLEARWATER, FL 33763		
X Remove					
3) Change	CFO	DAN WOOD	2663 MEGAN CT		
Add			PALM HARBOR, FL 34684		
X Remove					
4) X Change	D	JOSEPH SCIANDRA	CORRECTING FIRST NAME		
Add			ONLY		
Remove					
5) Change					
Add			***************************************		
Remove					
6) Change			_		
Add					
Remove					

ADD FEI/EIN NUMBER: 47-3492946	
	_
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)	
OCK POWERS CONTAINED IN THE CORPORATE BOOK STATE THE SHAREHOLDERS AS FOLL	OWS:
SEPH SCIANDRA - 50%	
MES W. GATZA - 50%	

November 18, 2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
September 8, 2015 Effective date if applicable:	
(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately experience.	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Signature  (By a director, president of other officer – if directors selected, by an incorporator – if in the hands of a rece	
appointed fiduciary by that fiduciary)	
JAMES W. G	
(Typed or printed name of person s	igning)
DIRECTOR -	CFO
(Title of person signing	3)

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	2ND TIME SPOR	TS FRANCHISE, INC.	
DOCUMENT NUMBER: P1			
The enclosed Articles of Amen	dment and fee are st	abmitted for filing.	
Please return all correspondence	e concerning this ma	atter to the following:	
JAMES	W. GATZA		
		Name of Contact Perso	n
2ND TI	ME SPORTS FRAN	CHISE, INC.	
<del></del>		Firm/ Company	<u> </u>
25716 U	S 19 N		
		Address	·
CLEAR	WATER, FL 33763		
		City/ State and Zip Cod	e
JIMMY@2ND	TIMESPORTS.CO	М	
E-m	ail address: (to be us	sed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
JAMES W. GATZA		at ( <sup>727</sup>	743-8123
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State;
<del>-</del>	3.75 Filing Fee & rtificate 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301