## P1500066216

| (                    | (Requestor's Name)       |
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| (                    | (Address)                |
| (                    | (Address)                |
|                      | (City/State/Zip/Phone #) |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA           | ATION: Epic Sportz Inc.                     |  |  |
|---------------------------|---|--|--|
| DOCUMENT NUMBI            | ER: P15000066216                            |  |  |
|                           | f Amendment and fee are sub                 | omitted for filing.  |  |
| Please return all corresp | condence concerning this mat                | ter to the following:  |  |
| I                         | Dominique D Northern                        |  |  |
|                           |   | Name of Contact Person   |  |
| I                         | Epic Sportz Center Inc.                     |  |  |
| _                         |   | Firm/ Company  |  |
| 3                         | 3115 Havendale Blvd                         |  |  |
| <del>-</del>              |   | Address  |  |
| <u> </u>                  | Auburndale FL 33823                         |  |  |
|                           | •   | City/ State and Zip Code   | ;  |
| ftr.cdl(                  | @verizon.net                                |  |  |
|                           | E-mail address: (to be us                   | ed for future annual report  | notification)  |
| For further information   | concerning this matter, pleas               | e call:  |  |
| Dominique D Northern      | l   | at (   |  |
| Name of                   | f Contact Person                            | Area Coo   | de & Daytime Telephone Number  |
| Enclosed is a check for   | the following amount made p                 | payable to the Florida Depa  | rtment of State:   |
| ■ \$35 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) |
|                           | ing Address<br>adment Section               |  | Address<br>ment 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

| Epic Sportz Inc.   |                                     |  |                                    |            |
|--|-------------------------------------|--|------------------------------------|------------|
| (Name of Corporation as cu   | rrently filed with the F            | lorida Dept. of State                      | 2)                                 |            |
| P15000066216   |                                     |  |                                    |            |
| (Document Nur  | nber of Corporation (if k           | nown)                                      |                                    |            |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:   | s, this <i>Florida Profit Co</i>    | rporation adopts the f                     | following amend                    | ment(s) to |
| A. If amending name, enter the new name of the corporati   | on:                                 |  |                                    |            |
| Epic Sportz Center Inc.  |                                     |  | The r                              | iew        |
| name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia | " or "Co". A profession             | or "incorporated" o<br>nal corporation nam | r the abbreviat<br>se must contain | ion<br>the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |                                     |  |                                    | -<br>-     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                                     |  |                                    | <br>       |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a   |                                     | nter the name of the                       |                                    | _          |
| Name of New Registered Agent   |                                     |  |                                    |            |
| (FI)   |                                     |  |                                    |            |
| (Fio   | rida street address)                |  |                                    |            |
| New Registered Office Address:   | (City)                              | , Florida_                                 | (Zip Code)                         | _          |
|  |                                     |  |                                    |            |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai   | Agent:<br>miliar with and accept th | e obligations of the p                     | 15 AUG 26                          | <u></u>    |
| Signature of   | New Registered Agent, i             | f changing                                 | of STA                             |            |

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:<br>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) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 2) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 3) Change                  |              |             |                 |
|                            |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 4) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
|                            |              |             |                 |
| 5) Change                  | <del></del>  |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
|                            |              |             |                 |
| 6) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific)                  |
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| an amendment provides for an exch        | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame      | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)        |  |

|   | 08/21/15   | 10 1 1 1             |
|---|--|----------------------|
| The date of each amendment(s) ado date this document was signed.                    | ption:   | , if other than the  |
| 08/21/  | 15   |                      |
| Effective date <u>if applicable</u> :   | (no more than 90 days after amendment file date)   |                      |
| Note: If the date inserted in this blo document's effective date on the Department. | ck does not meet the applicable statutory filing requirements, this date will artment of State's records.  | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                      |
| ■ The amendment(s) was/were adopt by the shareholders was/were suffi                | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.  |                      |
|   | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):  |                      |
|   | r the amendment(s) was/were sufficient for approval  |                      |
| by  | (voting group)   |                      |
|   | (voting group)   |                      |
|   | ted by the board of directors without shareholder action and shareholder   |                      |
| Dated Signature  Signature (By a dire selected, appointed)                          | ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary) | _                    |
|   | (Typed or printed name of person signing)  | <del></del>          |
| <b>.</b>  |  |                      |
| - F   | resident   |                      |
|   | (Title of person signing)  |                      |