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COVER LETTER

Division of Corporations ALL PRO STARS TOURS AND APPEARANCES, INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation

Au Pro STAN TO	UNI AND AMERICAL
	urrently filed with the Florida Dept. of State)
/6000	063758
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
name must be distinguishable and contain the word "con	poration," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	US LOVE BOOKS ****** A STATE BOOKS ************************************
(Principal office address MUST BE A STREET ADDRESS)	
	97 6
	<u> </u>
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	
new registered agent and/or the new registered office a	audress;
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if 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 <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: X Change	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	JOHN CONE	7 ASCOT CIRCLE 1211
Add Remove			New Yorks LOYG
2) X Change Add		ANDREW THORKS	SOL 26TA PUL VERO BEACH
Remove			From 00 32960
3) Change	*************************************		
Add			
4) Change Add		***************************************	
Remove			
5) Change Add			
Remove			
6) Change			
Add			when the state of
KCHIOVE			

The date of each amendment(s) adoption:date this document was signed.	HUC 21, 2016	, if other than the
•	AUC ZI ZNI	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta		irements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr		
"The number of votes cast for the amenda	••	
by(voting	g group)	
☐ The amendment(s) was/were adopted by the boa action was not required.		n and shareholder
The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and	i shareholder
Dated8/21/201		
Signature		
	ent or other officer – if directors or officer corator – if in the hands of a receiver, trust by that fiduciary)	
AM	Mac Thoras yped or printed name of person signing)	
(Ty	ped or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	