1801000019

| (Requestor's Name) | | | |
|---|--------------------------|--|--|
| (Address) | 200295118372 | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| (Business Entity Name) | 02/06/1701036014 **35.00 | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |

Office Use Only

FEB 09 2017 R. WHITE 7 FEB -6 PH 2: 55

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: ELITE SOCCER | EXPERIENCES AMERIC | A CORP | |
|-----------------------------|--|--|--|--|
| DOCUMENT NUMBE | P170000040 | 34 | | |
| 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: | | |
| | | IVONNE ANDERSON | | |
| _ | | Name of Contact Persor | 1 | |
| | ALL COUNTRY GROUP INC | | | |
| _ | Firm/ Company | | | |
| 8051 W. McNAB ROAD | | | | |
| | Address | | | |
| TAMARAC, FL 33321 | | | | |
| | | City/ State and Zip Code | 2 | |
| | | info@allcountrygroup.com | n | |
| | E-mail address: (to be us | ed for future annual report | notification) | |
| For further information of | concerning this matter, pleas | e call: | | |
| IVON | NE ANDERSON | at (| 283-8394 | |
| Name of Contact Person | | | de & Daytime Telephone Number | |
| Enclosed is a check for t | he following amount made p | payable to the Florida Depa | rtment 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) | |
| Amene Division P.O. B | ng Address dment Section on of Corporations sox 6327 assee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

17 FEB -6 PM 2:55

| ELITE SO | OCCER EXPERIENCES A | MERICA CORP | |
|--|--|---|----------|
| (Name of | Corporation as currently | filed with the Florida Dept. of State) | |
| | P17000004034 | | |
| | (Document Number of C | Corporation (if known) | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 006, Florida Statutes, this Fi | orida Profit Corporation adopts the following amendmen | it(s) to |
| A. If amending name, enter the new nam | ne of the corporation: | | |
| | | The new | |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association | ion "Corp," "Inc," or "Co | " "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A." | |
| B. Enter new principal office address, if | applicable: | 3550 NW 36th AVENUE | |
| (Principal office address <u>MUST BE A ST</u> | | LAUDERDALE LAKES, FL 33309 | |
| | | | |
| | | | •• |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF | | | |
| maning address man beautiful of | TICE BOX | | |
| · | | | |
| • | | | |
| D. If amending the registered agent and/ | or registered office addres | s in Florida, enter the name of the | |
| new registered agent and/or the new i | registered office address: | | |
| Name of New Registered Agent | IGNACIO LANA | | |
| | 3550 NW 36th AVENU | E | |
| _ | (Florida street | address) | |
| New Registered Office Address: | LAUDERDALE LAKE | S 33309 Florida | |
| | (C | (Zip Code) | |
| | | | |
| New Registered Agent's Signature, if cha I hereby accept the appointment as registered | nging Registered Agent: ed agent. I am familiar wil | t and accept the obligations of the position. | |
| | Signature of New Reg | istern sgent, 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 | <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 | S | IGNACIO LANA | 3550 NW 36th AVENUE |
| X Add | | | LAUDERDALE LAKES, FL 3330° |
| Remove | | | |
| 2) Change | PD | OSCAR MORILLA | 4285 REFLECTIONS BLVD |
| Add | | | SUNRISE, FL 33351 |
| X Remove | VD | ICNACIO TRIBERO | 4295 BEEL ECTIONS DI VID |
| 3) Change | VD | IGNACIO TRIPERO | 4285 REFLECTIONS BLVD |
| Add | | | SUNRISE, FL 33351 |
| X Remove | | | |
| 4) Change | | ELITE SOCCER EXPERIENCES S.L | HERMOSILLA 7 PISO 2 IZQ |
| X Add | | | 280001 MADRID |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | · | <u></u> | |
| Add | | | |
| Remove | | | |

| |). (Be specific) | |
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| an amendment provides for an exc | change, reclassification, or cancellation of issued shares, | |
| an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A) | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: | |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: | |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: | |
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| provisions for implementing the am | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: | |
| provisions for implementing the am | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: | |

| | 01/25/2017 | | |
|--|--|---|-------------------------------|
| The date of each amendment(s) ad | option: | | , if other than the |
| date this document was signed. | | | |
| Effective date if applicable: | 01/11/2017 | | |
| <u></u> | (no more than 90 | days after amendment file date) | - |
| Note: If the date inserted in this b document's effective date on the De | | able statutory filing requirements, this da | ate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ■ The amendment(s) was/were ado by the shareholders was/were su | | number of votes cast for the amendment(| (s) |
| | | ugh voting groups. The following statemote separately on the amendment(s): | ent |
| "The number of votes cast | or the amendment(s) was/were | sufficient for approval | |
| by | | ,, | |
| - J | (voting group) | · | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors w | without shareholder action and sharehold | er |
| ☐ The amendment(s) was/were ado action was not required. | oted by the incorporators witho | out shareholder action and shareholder | |
| Dated 01/25 Signature | 12017 | | |
| (By a di selected | rector, president or other office , by an incorporator — (in the ed fiduciary by that fiduciary) | er – if directors or officers have not been hands of a receiver, trustee, or other cou | rt . |
| ÷. | LENACIO | | |
| | (1 yped or printed na | ame of person signing) | |
| | Socoe | TARY | |