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APR 21 2017

A. WHITE

COVER LETTER

TO: Amendment Secti Division of Corpo	orations			•	i
NAME OF CORPOR	RATION: SUN	STATE TRAIN	ing byo	DEVELOPMENT,	14
DOCUMENT NUMB	BER: EIN:	81-5465491			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	ter to the following:			
	Z0? (CPH DEERING	•		
·		Name of Contact Person		= \(\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}	r
	TO NVZ	Firm/ Company	hun M	ELECOLULEUI. (W.	
	4838	ORTEGA FORE	ST DRIV	√€	
		Address		-	
	UNIDAL	HYILLE FL	32210)	
•		City/ State and Zip Cod	e		
	JUDGER	14638 YAHOO.C	0M		
		ed for future annual report		 	
For further information	n concerning this matter, pleas	e call:			
30 6	DEENING	at (904	, 879	4 4024	
Name o	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Fili Certificate Certified C (Additional is enclosed	of Status opy Copy	
	ling Address		Address		
	endment Section		Iment Section		
	sion of Corporations Box 6327		on of Corporatio Building	ns	
	ahassee, FL 32314		xecutive Center	Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

•	0f
SUN STATE TRAINING	PAD DEVELOPMENT INC APR 19 PH 3:39
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
EIN: 81-5465491	
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	5-0 ATHLETICS, INC. The new
name must be distinguishable and contain the word	! "corporation," "company," or "incorporated" or the abbreviation
	" "Inc," or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the a	poreviation P.A.
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)
C F-4	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	o NA
<u></u>	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	
Name of New Registered Agent	NA
	(Fig. 1)
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	1
	A/N
Signat	ture 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 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.

X Change	<u>PT</u>	John D	<u>oe</u>					
X Remove	<u>V</u>	Mike Jo	ones .		1 _			
_X Add	<u>sv</u>	Sally S	mith		AM			
Type of Action (Check One)	Title		<u>Name</u>		1	<u>Addres</u> s		
1) Change		_						
Add								
Remove								
2) Change								
Add								
Remove								
3) Change		_						. .
Add								
Remove								
4) Change		_			,		·	
Add								
Remove								
5) Change	· · -	_		 .				
Add								
Remove								
6) Change		_		·· -				
Add								
Remove								

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
stach daditional sheets, y necessary).	(be spectfie)
	1 ^
	-N W
	1/1/1
	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(tj not applicable, indicale WA)	
 	
	1
	N/A
	NA
	NA
	NA
	NA

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(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 adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/17/17	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
JOSEPH W DEERING III	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	