## P21000096533

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| Certified Copies              | Certificates of  | Status |
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| Special Instructions to Filin | a Officer        |        |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO          | DRATION: THE PLAY BASE                                                                              | INC.                                                             |                                                                                                           |              |          |
|------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------|----------|
| DOCUMENT NUN           | IBER: P21000096533                                                                                  |                                                                  |                                                                                                           |              |          |
|                        | s of Amendment and fee are su                                                                       | bmitted for filing.                                              |                                                                                                           |              |          |
| Please return all corr | respondence concerning this ma                                                                      | tter to the following:                                           |                                                                                                           |              |          |
|                        | Anthony Morales                                                                                     |                                                                  |                                                                                                           |              |          |
|                        |                                                                                                     | Name of Contact Perso                                            | n                                                                                                         |              |          |
|                        | MyUSACorporation.com                                                                                |                                                                  |                                                                                                           |              |          |
|                        |                                                                                                     | Firm/ Company                                                    |                                                                                                           |              |          |
|                        | 1 Radisson Plaza, Suite 800                                                                         |                                                                  |                                                                                                           |              |          |
|                        | · · · · · · · · · · · · · · · · · · ·                                                               | Address                                                          | <u> </u>                                                                                                  |              |          |
|                        | New Rochelle, NY 10801                                                                              |                                                                  |                                                                                                           |              |          |
|                        |                                                                                                     | City/ State and Zip Cod                                          | e                                                                                                         | <del></del>  |          |
|                        | info@myusacorporation.com                                                                           |                                                                  |                                                                                                           |              |          |
|                        | E-mail address: (to be us                                                                           | sed for future annual report                                     | notification)                                                                                             |              |          |
| For further informati  | ion concerning this matter, pleas                                                                   | se call:                                                         |                                                                                                           | 1            | 2023 Sci |
| Anthony Morales        |                                                                                                     | 877                                                              | 330-2677                                                                                                  | 11 1         | ŠĖ.      |
| Name                   | e of Contact Person                                                                                 | Area Co                                                          | de & Daytime Telephone Num                                                                                | iber         | ۱<br>۱   |
| Enclosed is a check    | for the following amount made                                                                       | payable to the Florida Dep                                       | artment of State:                                                                                         |              | <br>     |
| □ \$35 Filing Fee      | S43.75 Filing Fee & Certificate of Status                                                           | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                      | 1.<br>1.<br> | 2: 32    |
| Ar<br>Di<br>P.o        | ailing Address<br>mendment Section<br>vision of Corporations<br>O. Box 6327<br>Illahassee, FL 32314 | Ameno<br>Divisio<br>The C<br>2415 l                              | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |              |          |

## Articles of Amendment to Articles of Incorporation of

|                                                                                                                | THE PL/                                                        | VY BASE INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                                       |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|
| (Name                                                                                                          | of Corporation as cur                                          | rently filed with the Flor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ida Dept. of State)                                     |                                       |
|                                                                                                                |                                                                | 00096533                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                   |                                       |
|                                                                                                                | (Document Num                                                  | ber of Corporation (if know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | vn)                                                     |                                       |
| Pursuant to the provisions of section 607 its Articles of Incorporation:                                       | .1006, Florida Statutes.                                       | this Florida Profit Corpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ration adopts the followin                              | g amendment(s) to                     |
| A. If amending name, enter the new n                                                                           | ame of the corporatio                                          | <u>n:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |                                       |
| name must be distinguishable and contain "Inc., ' or Co.," or the designation "Contain association,"           | Corp," "Inc," or "Co                                           | ". A professional corpor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | orated" or the abbreviation<br>ration name must contain | _The new<br>on "Corp.,"<br>n the word |
| B. Enter new principal office address,<br>(Principal office address <u>MUST BE A S</u>                         | <u>it applicable:</u><br>TREET ADDRESS )                       | ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         | <del></del>                           |
| C. Enter new majting address, if apple (Mailing address MAY BE A POST)  D. If amending the registered agent at | OFFICE BOX)  nd/or registered office                           | address in Florida, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the name of the                                         | 2023 561 -7                           |
| new registered agent and/or the new                                                                            | w registered office add<br>Frances Fishman                     | dress:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                       |
| Name of New Registered Agent                                                                                   | 22169 Cressmont Pl                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         | - 121                                 |
|                                                                                                                |                                                                | do street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | - 一当 片                                |
| New Registered Office Address:                                                                                 | Boca Raton                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , Florida 33428                                         |                                       |
|                                                                                                                |                                                                | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rip C                                                   | Tode)                                 |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist  Check if applicable          | hanging Registered A<br>tered agent. I am fami<br>Signardre of | gent:<br>liar with and accept the ob<br>the state of the state |                                                         | -                                     |
| ☐ The amendment(s) is/are being filed p                                                                        | ursuant to s. 607,0120                                         | (11) (e), F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                       |
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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>    | <u>John Doe</u> | <u>:</u>    |                                       |               |                 |              |          |                    |
|-------------------------------|--------------|-----------------|-------------|---------------------------------------|---------------|-----------------|--------------|----------|--------------------|
| X Remove                      | <u>V</u>     | Mike Jon        | <u>ies</u>  |                                       |               |                 |              |          |                    |
| X Add                         | <u>sv</u>    | Sally Sm        | <u>ith</u>  |                                       |               |                 |              |          |                    |
| Type of Action<br>(Check One) | <u>Title</u> | į               | <u>Name</u> |                                       |               | <u>Addres</u> s |              |          |                    |
| 1) Change                     |              | <del></del> ,   |             | · · · · · · · · · · · · · · · · · · · |               |                 |              |          |                    |
| Add                           |              |                 |             |                                       |               |                 |              |          |                    |
| Remove                        |              |                 |             |                                       | -             |                 |              |          |                    |
| 2) Change                     | 4            |                 |             |                                       | <del></del> - |                 |              |          |                    |
| Add                           |              |                 |             |                                       |               |                 |              |          |                    |
| Remove 3 ) Change             |              |                 |             |                                       | -<br>         |                 |              |          | ود                 |
| Add                           |              |                 |             |                                       |               |                 |              | 7,873 V. | 3<br>/             |
| Remove                        |              |                 |             |                                       | -             |                 | i            |          | ;<br>Tt.<br>I<br>j |
| 4) Change                     |              | <del></del>     |             |                                       |               |                 |              |          |                    |
| Add                           |              |                 |             |                                       | -             |                 | <del> </del> |          | 711 2:<br>2:       |
| Remove                        |              |                 |             |                                       | -             |                 | <u></u>      | -        | <u>လ</u>           |
| 51 Change                     |              |                 |             |                                       |               |                 |              |          |                    |
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| Remove                        |              |                 |             |                                       | _             | <del></del>     |              |          |                    |
| 6) Change                     |              |                 |             |                                       | <del></del> . |                 |              |          |                    |
| Add                           |              |                 |             |                                       |               |                 |              |          |                    |
| Remove                        |              |                 |             |                                       | _             |                 |              |          |                    |

| (Attach additional sheets, if necessary). (Be specific)                                                                                                                        |              |
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| un amandmant mayida far an arabanas mada sification an arabbility of the state                                                                                                 | ••           |
| 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)                                                                                                                                              |              |
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| The date of each amendment(s) adop late this document was signed.                  | tion:                                                                                                                                                                        | , if other than the     |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Effective date <u>if applicable</u> :                                              |                                                                                                                                                                              |                         |
|                                                                                    | (no more than 90 days after amendment file date)                                                                                                                             | <del></del>             |
| Note: If the date inserted in this block<br>document's effective date on the Depar | does not meet the applicable statutory filing requirements, this date witment of State's records.                                                                            | Il not be listed as the |
| Adoption of Amendment(s)                                                           | (CHECK ONE)                                                                                                                                                                  |                         |
| The amendment(s) was/were adopted action was not required.                         | d by the incorporators, or board of directors without shareholder action an                                                                                                  | d shareholder           |
| The amendment(s) was/were adopted<br>by the shareholders was/were suffice          | by the shareholders. The number of votes east for the amendment(s) item for approval.                                                                                        |                         |
| The amendment(s) was/were approv<br>must be separately provided for each           | ed by the shareholders through voting groups. The following statement h 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)                                                                                                                                                               |                         |
| 08/24/2023<br>Dated -                                                              |                                                                                                                                                                              |                         |
| Signature                                                                          |                                                                                                                                                                              |                         |
| (By a direct<br>selected, by                                                       | or, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court iduciary by that (iduciary) | 2023 512                |
| Fra                                                                                | nces Fishinan                                                                                                                                                                | - : · · ·               |
|                                                                                    | (Typed or printed name of person signing)                                                                                                                                    | -                       |
| Pre                                                                                | sident                                                                                                                                                                       | -                       |
|                                                                                    | (Title of person signing)                                                                                                                                                    |                         |