P24000022965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300429844323

Amend

FILED
2024 MAY 14 AM 10:28
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAY 14 PM 3:20
TALLAHASSEE, FLORIDA

A. RAMSEY
MAY 15 2024

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/14/2024

WALK IN

ENTITY NAME SHOTCRAFT GOLF HOLDINGS, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____ *Plain Copy*

_____ *Certified Copy*

XXXXXXXXX *Certificate of Status*

_____ _____

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ *Certified Copy of Arts & Amendments*

_____ *Certificate of Good Standing*

_____ _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $43.75

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SHOTCRAFT GOLF HOLDINGS, INC

DOCUMENT NUMBER: P24000022965

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Hoppenfeld, Esq.
Name of Contact Person

Law Firm of Peter Hoppenfeld
Firm / Company

172 East Boston Post Road
Address

Mamaroneck, NY 10543
City, State and Zip Code

phoppenfeld@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Hoppenfeld, Esq. at (914) 698-3440
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2024 MAY 14 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

SHOTCRAFT GOLF HOLDINGS, INC.

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

4300 W LAKE MARY BLVD.
SUITE 1010-371
LAKE MARY, FL 32746

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

4300 W LAKE MARY BLVD.
SUITE 1010-371
LAKE MARY, FL 32746

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

_____
(Florida 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 familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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; CFO – 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

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	VP,D	JOSH EATON	121 YELLOW BILL LANE
___ Add			PONTE VEDRA BEACH, FL 32082
X ___ Remove			
2) ___ Change	VP,D	JOSHUA EATON	121 YELLOW BILL LANE
X ___ Add			PONTE VEDRA BEACH, FL 32082
___ Remove			
3) ___ Change	D	JENNIFER L EATON	121 YELLOW BILL LANE
___ Add			PONTE VEDRA BEACH, FL 32082
X ___ Remove			
4) ___ Change	D	JENNIFER EATON	121 YELLOW BILL LANE
X Add			PONTE VEDRA BEACH, FL 32082
___ Remove			
5) ___ Change	D	JESICA BALLARD	3268 OAKMONT TERRACE
___ Add			LONGWOOD, FL 32779
X ___ Remove			
6) ___ Change	D	JESSICA BALLARD	3268 OAKMONT TERRACE
X ___ Add			LONGWOOD, FL 32779
___ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*). *(Be specific)*

F. **If 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)

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: MARCH 28, 2024
(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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated MAY 8, 2024

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)

PETER HOPPENFELD
(Typed or printed name of person signing)

INCORPORATOR
(Title of person signing)