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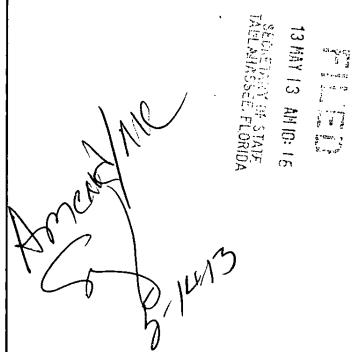
	Requestor's Name)	1131-1
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
		
Special Instructions t	o Filing Officer:	
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Office Use Only



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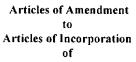
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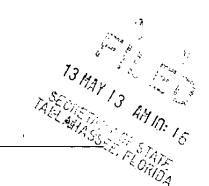


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	_{RATION:} All America	ın Basketball Sc	hool, Inc.
DOCUMENT NUM	_{BER:} P9600002180	5	
	of Amendment and fee are su		
Please return all corre	spondence concerning this mat	tter to the following:	
	Martin Seidlin		
		Name of Contact Person	1
	8930 W. State Ro	Firm/ Company	3
		Address	
	Davie, FL 33324		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Martin Seidli	n	at (954	389-2454
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301





All American Basketball School, Inc.

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

P96000021805

(Document Number of Corporation (if known)

nent(s) to

Marty Seidlin Basketball ume must be distinguishable and con	tain the word "corporation	on," "company," or "incorporated" or t	î the abb
Corp.," "Inc.," or Co.," or the desigr ord "chartered," "professional associa		'Co". A professional corporation name i "P.A."	must co
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)		8930 W. State Road 84	1
		Suite 333	
		Davie, FL 33324	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8930 W. State Road 84	4
		Suite 333	
		Davie, FL 33324	
. If amending the registered agent an new registered agent and/or the new		ress in Florida, enter the name of the	
		ress in Florida, enter the name of the	
new registered agent and/or the new	w registered office addres Martin Seidlin	ress in Florida, enter the name of the	
new registered agent and/or the new	Martin Seidlin 8930 W. State F	Road 84, Suite 333	
new registered agent and/or the new	Martin Seidlin 8930 W. State F	Road 84, Suite 333 reet address) Florida 33324	

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.

Example: X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VDS	<u>S</u>	Adam Ross	2585 Glades Circle
Add				Weston, FL 33327
X Remove				
2) Change	VD	_	Brent Goldman	2585 Glades Circle
Add				Weston, FL 33327
X Remove				
3) Change	<u></u>	_		
Add				·
Remove				
4) Change				
Add				
Remove				
5) Change		_		-
Add				
Remove				
6) Change				
Add				
Demove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	The state of the s
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption: December 31, 2012
Effective date <u>if applicable</u> :	December 31, 2012
· —	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Dece	mber 31, 2012
Signature	Mat Int
(By a	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary)
	Martin Seidlin
	(Typed or printed name of person signing)
	President
	(Title of person signing)