

P960000041664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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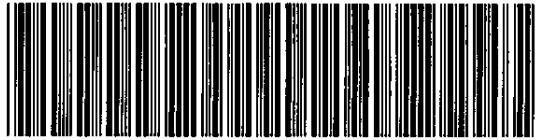
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA-01

COVER LETTER

TO: Amendment Section
Division of Corporations

[Handwritten signature]

NAME OF CORPORATION: KEN VENTURI GOLF ACADEMIES

DOCUMENT NUMBER: P96000041664

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

Please return all correspondence concerning this matter to the following:

SCOTT SCHNEIDER

(Name of Contact Person)

KEN VENTURI GOLF ACADEMIES

(Firm/ Company)

2201 North Buffalo DR Apt 1048

~~UNIVERSITY MICROFILMS~~

(Address)

LAS VEGAS NV 89128

~~UNIVERSITY MICROFILMS~~

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

SCOTT SCHNEIDER

(Name of Contact Person)

at (702) 202-2523

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2006

SCOTT SCHNEIDER
2201 NORTH BUFFALO DR APT 1048
LAS VEGAS, NV 89128

SUBJECT: KEN VENTURI GOLF ACADEMIES, INC.
Ref. Number: P96000041664

We have received your document for KEN VENTURI GOLF ACADEMIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 006A00033014

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ken Venturi GOLF ACADEMIES
2. The principal office address: 2201 N. BUFFALO DR. APT 1048 LAS VEGAS
NV 89128
3. The mailing address (if different): _____

4. Date of incorporation/qualification: MAY 1996 Document number: P 96000041664

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SCOTT SCHNEIDER
4630 South Kirkman Rd Box 178
ORLANDO, FL 32811

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Scott Schneider
(Signature of an officer or director)

SCOTT SCHNEIDER
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: Georgia Byron
(Signature of Registered Agent)

May 19, 2006
(Date)

If signing on behalf of an entity: _____
Georgia Byron
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
06 MAY 24 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA