P9700000854/8

(Requestor's Name)
(Address)
(Address)
,,
(C) (C) (T) (D) (40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======,
Cadification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
i i
<u> </u>

Office Use Only



800283982228

03/31/16--01002--004 **52.50

TO ACKNOWLEDGE SUFFICIENCY OF FILING 16 HAR 30 PH 4: 2

SECRETARY OF STATE PIVISION OF CORPORATIONS

MAR 3 1 2016

C LEWIS



March 30, 2016

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Via Hand Delivery

CATHERINE B. CHAPMAN°
JENNIFER SULLIVAN DAVIS
ROBERT D. FINGAR***
AMANDA W. GAY
THOMAS J. GUILDAY
GEORGE W. HATCH, III*
FRANCES C. LOWE°
TRUDY E. INNES RICHARDSON^
CARRIE MENDRICK ROANE
JAKEN E. ROANE
MARY K. SIMPSON**
COLE G. WEST
MICHAEL D. WEST

OF COUNSEL GEOFFREY B. SCHWARTZ J. KENDRICK TUCKER

- * BOARD CERTIFIED CONSTRUCTION LAWYER
- ** BOARD CERTIFIED CIVIL TRIAL LAWYER
- *** CERTIFIED CIRCUIT CIVIL & APPELLATE MEDIATOR
- ^ CERTIFIED FAMILY LAW MEDIATOR
- ALSO ADMITTED IN GA

A MEMBER OF

THE HARMONIE GROUP

RE: SUREBET Prize Indemnity Corporation

Document Number P97000085418

Dear Sir or Madam:

The purpose of this letter is to: (1) file the enclosed Articles of Amendment to Articles of Incorporation of SUREBET Prize Indemnity Corporation; (2) request a certified copy of the Amendment to Articles of Incorporation of SUREBET Prize Corporation; and (3) request a Certificate of Status of SUREBET Prize Corporation. A fee check in the amount of \$52.50.

When the requested items are completed, please contact Cindy Johnson at (850) 701-4351 or by email at <u>cindy@guildaylaw.com</u> and I will have the items picked up.

Thank you for your assistance. Please feel free to contact me at (850) 701-4351 or by email at cindy@guildaylaw.com if you have questions or need anything in addition to the enclosures to this letter.

Sincerely,

Cynthia B. Johnson, CP, FRP Assistant to Thomas J. Guilday

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:					
DOCUMENT NUMBER: P97000085418					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Cynthia B. Johnson, CF	, FRP				
	Name of Contact Person				
Guilday, Simpson, Wes	Guilday, Simpson, West, Hatch, Lowe & Roane, P.A.				
	Firm/ Company				
1983 Centre Pointe Blv	d., Suite 200				
Address					
Tallahassee, FL 32308-7823					
	City/ State and Zip Code				
aelia@surebet.com					
•	be used for future annual report notification)				
	,				
For further information concerning this matter,	please call:				
Cynthia B. Johnson, CP, FRP (cindy@guilda	at ()				
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 Fe Certificate of Sta					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation

16 MAR 30 AM 8: 44

P97000085418	'APPARATION OF ALLERA	ntly filed with the Florida Dept. of State)
17700003416	orporation as curre	ntry med with the Florida Dept. (1 State)
	(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	96. Florida Statutes, th	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:	
SUREBET Prize Corporation		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," of	tion." "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if a	pplicable:	4830 W. Kennedy Blvd., Suite 600
(Principal office address <u>MUST BE A STR</u>		Tampa. FL 33609
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4830 W. Kennedy Blvd., Suite 600 Tampa, FL 33609
D. If amending the registered agent and/onew registered agent and/or the new re	r registered office ac egistered office addr	idress in Florida, enter the name of the ess:
Name of New Registered Agent	Thomas J. Guilday, Attorney, Guilday, Simpson, West, Hatch, Lowe &	
	pane, P.A., 1983 Cent	tre Pointe Blvd Suite 200
-	(Florida	street address)
N D 1 100 11	Ilahassee	, Florida 32308-7823
New Registered Office Address:		, Florida

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S/D	Tara A. Elia	101 W. Beach Pl., Apt. 2411
Add			Tampa, FL 33606
Remove			(new address)
2) Change	N/A	N/A	N/A
Add			
Remove			
3) Change	N/A	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Remove			

E. If amending or adding additional Articles, enter cha (Attach additional sheets, if necessary). (Be specific)	nge(s) here:
N/A	
F. If an amendment provides for an exchange, reclassing provisions for implementing the amendment if not	fication, or cancellation of issued shares, contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
NA	

The date of each amendment(s) ad-	Date this document is signed	FILEU SECRETARY OF STATE DIVISION DE COGFOMATIMANTE
date this document was signed.	option.	1914 1 5008 11 CORPORATION
•	this document is signed	16 MAR 30 AM 8: 44
	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filir partment of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes clicient for approval.	east for the amendment(s)
☐ The amendment(s) was/were appr must be separately provided for a	roved by the shareholders through voting groups each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for app	proval
by		, .
	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder ac	tion and shareholder
March 30, 2 Dated Signature	1016	
selected	rector, president or other officer - if directors or l, by an incorporator - if in the hands of a received fiduciary by that fiduciary)	
	Albert Elia III	
•	(Typed or printed name of person sig	ning)
1	President/Treasurer/Director	
-	(Title of person signing)	