

N01000005749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

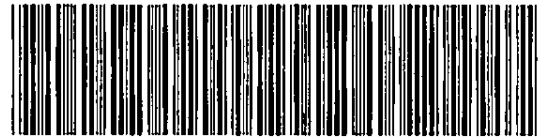
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

N/C
E
Amend.
03/21/19
DC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/></p> <p>X FEB 28 2019 <input checked="" type="checkbox"/></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date <input type="checkbox"/></p> <p>S. TONE</p>
<p>1. Article Addressed to:</p> <p><i>Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee FL 32314</i></p>  <p>9590 9402 4190 8121 3545 81</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/></p> <p>If YES, enter delivery address below: <input type="checkbox"/></p>
	<p>3. Service Type <input type="checkbox"/> Priority Mail</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Delivery</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Domestic Return</p>

UNITED STATES POSTAL SERVICE CUSTOMER RECEIPT

<p>SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION</p> <p>NOT NEGOTIABLE</p>	<p>Pay to <i>FLORIDA Department of State</i></p> <p>Address</p>
<p>Serial Number</p> <p>25551792742</p>	<p>Year, Month, Day 2019-02-23 Post Office 236081 Amount \$52.50</p>

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OLYMPIC STYLE ATHLETIC TRAINING PROGRAM INC

DOCUMENT NUMBER: N 0100000 5749

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

Please return all correspondence concerning this matter to the following:

Anthony J. Chase Sr.
(Name of Contact Person)

(Firm/ Company)

Physical Address: 13180 SW 103RD ST DONNELTON FL 34432

Mailing Address: PO Box (Address) 1415 E Newport News VA 23608

(City/ State and Zip Code)

ajchase43@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony J. Chase Sr. at 352 299-6286
(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~~ ^{APX 20} Filing Fee & Certified Copy (Additional copy is enclosed)
- ~~\$52.50~~ ^{ASC} 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

OLYMPIC STYLE ATHLETIC TRAINING PROGRAM INC
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

EAGLE BOXING DONE DEAL CHARITABLE ORGANIZATION
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." INTERNATIONAL
"Company" or "Co." may not be used in the name. INC

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 13180 SW 103RD STREET
DUNNELLON FL. 34432

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) P.O. Box 14158
NEWPORT NEWS VA 23608

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: N/A

New Registered Office Address: _____ (Florida street 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.

N/A
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE FL

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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.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

mailing address

1) Change

PSTD Anthony J Chase Sr

P.O. Box 14158

Add

Newport News VA 2360

Remove

2) Change

~~XXX~~

Add

Remove

3) Change

CFO Anthony J Chase Sr

P.O. Box 14158

Add

Newport News VA 2360

Remove

4) Change

Secretary Angela Baker

P.O. Box 14158

Add

Newport News, VA 236

Remove

5) Change

Add

Remove

6) Change

Add

Remove

The date of each amendment(s) adoption: 1/11/2019, if other than the date this document was signed.

Effective date if applicable: _____
(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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1/11/2019

Signature Anthony J. Chase SR (President)

(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)

Anthony J. Chase SR.
(Typed or printed name of person signing)

President
(Title of person signing)