NO500000378

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

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TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: i9 Sports Association			
N05000006378 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Kim Armellino			
	(Name of Contact Perso	n)	
i9 Sports Association, Inc			
	(Firm/ Company)		
9410 Camden Field Parkway			
	(Address)		
Riverview, FL 33578			
	(City/ State and Zip Coo	ic)	
kim.armellino@i9sports.com			
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please	call:		
Kim Armellino	41		813-324-2000
(Name of Contact Person)) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	artment of S	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		ified Copy Certificate of Status ditional copy is Certified Copy	
Mailing Address		Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

i9 Sports Association, Inc			
(Name of Corporation	as currently filed with	the Florida Dept. of St	ate)
N0500000678			
(Docum	ent Number of Corporat	tion (if known)	
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida</i>	a Not For Profit Corpor	ution adopts the following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word		orporated" or the abbrev	ciation "Corp." or "Inc."
"Company" or "Co." may not be used in the name	<u>.</u>		二. 震
B. Enter new principal office address, if applical	ble:		
(Principal office address MUST BE A STREET A)			DEC
			2
	,		F
C. Enter new mailing address, if applicable:	97137)		ွှံ့ို ယှ
(Mailing address MAY BE A POST OFFICE I	<u> </u>		, E U
			- F
			•
D. If amending the registered agent and/or regis		Florida, enter the nam	e of the
new registered agent and/or the new registere	ed office address:		
Name of New Registered Agent:	A. Brian Sanders		
name of hen Registered rigem.	9410 Camden Field Par	· · · · · · · · · · · · · · · · · · ·	-
New Registered Office Address:		(Florida street addres	SI
	Riverview		33578
		·	Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with an	nd accept the obligations	of the position.
	To A	in Jard	
_	Signature of N	ew Registered Agent, if a	changing
	(

Page I of 4

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 X Remove A Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Frank V. Fiume	9410 Camden Field Parkway
Add			Riverview, FL 33578
X Remove			
2) Change	<u>D</u>	Nadine Fiume	9410 Camden Field Parkway
Add			Riverview, FL 33578
X Remove			
3) X Change	ST	Kim Armellino	9410 Camden Field Parkway
Add			Riverview, FL 33578
Remove			
4) Change	Р	A. Brian Sanders	9410 Camden Field Parkway
XAdd			Riverview, FL 33578
Remove			
5) Change	M	Bruce Freshley	616 Royall Avc.
X Add			Mount Pleasant, SC 29464
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	i <mark>cles, enter</mark> chang (Be specific)					
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		<u>.</u>				

The date of each amendment(s) ac	loption:	, 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 blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	12/20/17	
Signature	Trium hander	
(By the chai have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
A. Briar	Sanders	
	(Typed or printed name of person signing)	
Presider	· t	
	(Title of person signing)	