# P25000002812

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THE SPORTS FO	RUM, INC.		
DOCUMENT NUMI	P25000002812			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	KATRINA URLACHER			
		Name of Contact Person		
	RIBIT SPORTS, INC.			
		Firm/ Company		
	401 E JACKSON ST #2340			
	Address			
	TAMPA, FL 33602			
		City/ State and Zip Code	,	
	KATURLACHER@MSN.C	ОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Katrina Urlacher		509 at (	654-2039	
Name of Contact Person			le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

## THE SPORTS FORUM, INC.

# (Name of Corporation as currently filed with the Florida Dept. of State) (P25000002812) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:

		The n
ome must be distinguishable and contain the word lnc.," or Co.," or the designation "Corp," " chartered," "professional association," or the a	"Inc," or "Co". A professional cor	orporated" or the abbreviation "Corp poration name must contain the wi
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
. If amending the registered agent and/or reg new registered agent and/or the new registe		ter the name of the
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(Cuy)	(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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S

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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
<del></del>		
	·	
		*****
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. <del></del>		
		<del></del>
in amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(if the approximation that		
		<del></del>

.

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without si	hareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	ne amendment(s)
	approved by the shareholders through voting groups. The for for each voting group entitled to vote separately on the amer	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
Katrina Urlacher by	,,	
"	(voting group)	
1/20/20 Dated	25	
Signature	Hatrina Urlacher	
(By	director, president or other officer – if directors or officers etcd, by an incorporator – if in the hands of a receiver, trustee	have not been
	pinted fiduciary by that fiduciary)	e. or other court
	Katrina Urlacher	
	(Typed or printed name of person signing)	
	Founder/CEO	
	(Title of person signing)	