N01000006282

| (Re | equestor's Name) | | | |
|-------------------------|--------------------|-----------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | : #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bı | siness Entity Nam | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
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Office Use Only



300235454753

05/29/12--01011--008 **35.00

EFFECTIVE DATE

SECRETARY OF STATE DIVISION OF CORPORATION:

Amend

MAY 3 1 2012

T 000.

COVER LETTER

TO: Amendment Section Division of Corporations

| Name of Corporation: Nease Ban | d Booster | s, Inc. | |
|--|---|---|--|
| DOCUMENT NUMBER: NO10000628 | 82 | | |
| The enclosed Articles of Amendment and fee are submitted | ed for filing. | | |
| Please return all correspondence concerning this matter to | the following: | | |
| M. Michelle Boyer | | | |
| | ame of Contact Person | n) | |
| Nease Band Boosters, Inc | · · | | |
| | (Firm/ Company) | | |
| 10550 RAY ROAD | | • | |
| | (Address) | - | |
| PONTE VEDRA FL 32081 | | | |
| · ··· · · · · · · · · · · · · · · · · | ty/ State and Zip Code | e) | |
| mmboyer@ymail.co | om | | |
| E-mail address: (to be used for | future annual report | notification) | |
| For further information concerning this matter, please call | : | , | |
| M. Michelle Boyer | _{a.} 904 | 332-4769 | |
| (Name of Contact Person) | at (904) 332-4769 (Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payab | le to the Florida Depa | artment of State: | |
| (, | 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 | Amend Divisio Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301 | |

EFFECTIVE DATE

Articles of Amendment to Articles of Incorporation of

DIVISION OF TARY OF STATE OR STATE AM 9: 19

| Nease Band Boosters, I | nc. | | | ., 2 |
|--|------------------------|---------------------------------|---------------------------------|---------------|
| (Name of Corporation as current | ly filed with the Flor | ida Dept. of State) | | |
| N01000006282 | | | | |
| (Documer | nt Number of Corpora | tion (if known) | | |
| Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora | | s, this <i>Florida Not Fo</i> | r Profit Corporation adopts | the following |
| A. If amending name, enter the new na | ame of the corporation | on: | | |
| N/A | | | | The new |
| name must be distinguishable and contain | | on" or "incorporated | l" or the abbreviation "Corp | |
| "Company" or "Co." may not be used in | the name. | NI/A | | |
| B. Enter new principal office address, | | N/A | | |
| (Principal office address <u>MUST BE A S</u> | TREET ADDRESS | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if appli (Muiling address MAY BE A POST) | | N/A | | |
| (Maning diamess MATBLATOST) | OTTICE BOX | | | |
| | | | | |
| | | | | |
| . D. If amending the registered agent an | d/or registered office | e address in Florida. | enter the na me of the | |
| new registered agent and/or the nev | | | | |
| Name of New Registered Agent: | M. Michelle | Boyer | | |
| | 10550 RAY | RD | | |
| | | Florida street address) | | |
| New Registered Office Address: | DONTE VE | DD 4 | 00004 | |
| | PONTE VEI | DRA | , Florida 32081 | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if c | | | | |
| I hereby accept the appointment as regist | ered agent. I am fam | iiliar with and accept ! . A | the obligations of the position | 9n. |
| | mylichel | e Baye | | |
| Sig | nature of New Registe | red Agent, Ø f changir | ıg | |

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 föllowing 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 Doc | |
|----------------------------|-----------|-------------------|--------------------------------------|
| X Remove | <u>v</u> | Mike Jones | • |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addreg</u> s |
| Change Add Remove | Р | Judy Schless | 10550 RAY RD PONTE VEDRA FL 32081 |
| 2) Change Add Remove | Ρ | Jennifer Morrison | 10550 RAY RD PONTE VEDRA FL 32081 |
| 3) Change Add Remove | T | Sheryl P. Zastera | 10550 RAY RD PONTE VEDRA FL 32081 |
| 4) Change Add Remove | <u>T</u> | M. Michelle Boyer | 10550 RAY RD PONTE VEDRA FL 32081 |
| 5) Change Add Remove | v | Kate Blumberg | 10550 RAY RD PONTE VEDRA FL 32081 |
| 6) Change Add Remove | v | Ursula Ricci | 10550 RAY RD PONTE VEDRA FL 32081 |

Additional BOD charges

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 | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| Change Add X Remove | T | Stephanie Triplett | 10550 RAY RD PONTE VEDRA FL 32081 |
| 2) Change Add Remove | T | Denise Roemer | 10550 RAY RD PONTE VEDRA FL 32081 |
| Change Add X Remove | s | Kay Smiley | 10550 RAY RD PONTE VEDRA FL 32081 |
| 4) Change Add Remove | S | Belinda Koros | 10550 RAY RD PONTE VEDRA FL 32081 |
| 5) Change Add Remove | v | Carolyn Milian | 10550 RAY RD PONTE VEDRA FL 32081 |
| 6) Change Add Remove | <u>v</u> | Patty Lake | 10550 RAY RD PONTE VEDRA FL 32081 |
| | | | |

| f amending or adding addition attach additional sheets, if neces. | sary). (Be specij | fic) | | | | |
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| The date of each amendment(s) adoption: April 10, 2012 |
|--|
| Effective date if applicable: June 1, 2012 |
| (no more than 90 days after amendment file date) |
| |
| 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 May 22, 2012 |
| Signature Shene P. Bastur |
| (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) |
| SHERYL P. ZASTERA |
| (Typed or printed name of person signing) |
| TREABURER |
| (Title of person signing) |