

NO5000007940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

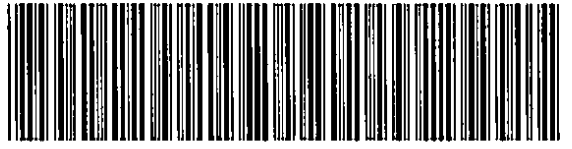
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Spoke with J. Fleming on 8/17/18
to make corrections to Entity name
ADD date of Adoption.
JS

Office Use Only



800316131538

08/08/18--01008--029 **35.00

S TALLENT
AUG 17 2018

FILED
18 AUG - 8 AM 10:29
-01 MISSISSIPPI

Amend

August 5, 2018

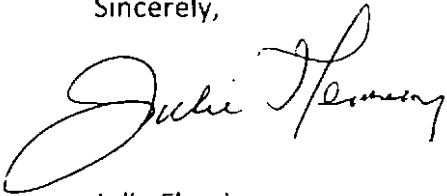
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

On Friday, August 3, I mailed the paperwork to amend the treasurer for the King High School Band Boosters in Tampa, FL. I realized today that I forgot to enclose the check for \$35. It is enclosed in this envelope along with the cover letter of my paperwork. Please let me know if you have any questions.

I apologize for the inconvenience. Thank you for your help!

Sincerely,

A handwritten signature in black ink that reads "Julie Fleming". The signature is written in a cursive style with a large, looping initial "J".

Julie Fleming
813-335-1630



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2018

DR. DAKEYAN GRAHAM
THE KING HIGH SCHOOL BAND BOOSTERS, INC.
6815 N. 56TH STREET
TAMPA, FL 33610

SUBJECT: THE KING HIGH SCHOOL BAND BOOSTERS, INC.
Ref. Number: N05000007940

We have received your document for THE KING HIGH SCHOOL BAND BOOSTERS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 018A00016423

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: King High School Band Boosters

DOCUMENT NUMBER: N05000007940

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

Please return all correspondence concerning this matter to the following:

Dr. Dakeyan Graham

(Name of Contact Person)

King High School (Music Department)

(Firm/ Company)

6815 N. 56th Street

(Address)

Tampa, FL 33610

(City/ State and Zip Code)

dakeyan.graham@sdhc.k12.fl.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Cameron

(Name of Contact Person)

at 813-713-3390

(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 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

Street Address
 Amendment Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

RECEIVED
 18 JUN -7 AM 11:16
 SEC. OF STATE
 TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

The King High School Band Boosters, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N05000007940

(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:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

N/A

*(Mailing address **MAY BE A POST OFFICE BOX**)*

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18 AUG - 8 AM 10:23
TALLAHASSEE, FLORIDA

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

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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 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
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Julie Fleming</u>	<u>10901 Cliff Dr.</u> <u>Temple Terrace, FL</u> <u>33617</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Tracy Cameron</u>	<u>218 Claire Dr.</u> <u>Seffner, FL</u> <u>33584</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: 8/1/18, if other than the date this document was signed.

Effective date if applicable: 8/6/18
(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 8/3/18

Signature Julie Fleming
(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)

Julie Fleming
(Typed or printed name of person signing)

Treasurer
(Title of person signing)