400 N. FLORIE LAKELAND, F				
Current Ma	iling Address:			
400 N. FLO LAKELAND				
FEI Number: 46-1805040		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
MCELWAIN, M 400 N. FLORIE LAKELAND, FI	DA AVE.			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of	Florida.
	d entity submits this statement for the purpose of changing its reg E: MICHAEL MCELWAIN	istered office or regis	tered agent, or both, in the State of	Florida. 02/19/2019
		istered office or regis	tered agent, or both, in the State of	
SIGNATUR	E: MICHAEL MCELWAIN	istered office or regis	tered agent, or both, in the State of	02/19/2019
SIGNATUR	E: MICHAEL MCELWAIN Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of	02/19/2019
SIGNATUR	E: MICHAEL MCELWAIN Electronic Signature of Registered Agent			02/19/2019
SIGNATURI Officer/Dire	E: MICHAEL MCELWAIN Electronic Signature of Registered Agent Cotor Detail : SECRETARY	Title	TREASURER	02/19/2019
SIGNATUR Officer/Dire Title Name	E: MICHAEL MCELWAIN Electronic Signature of Registered Agent Ctor Detail : SECRETARY FRANCES, DELGADO 400 N. FLORIDA AVE.	Title Name	TREASURER SHAMBLIN, MONICA 400 N. FLORIDA AVE.	02/19/2019
SIGNATURI Officer/Dire Title Name Address	E: MICHAEL MCELWAIN Electronic Signature of Registered Agent Ctor Detail : SECRETARY FRANCES, DELGADO 400 N. FLORIDA AVE.	Title Name Address	TREASURER SHAMBLIN, MONICA 400 N. FLORIDA AVE.	02/19/2019
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: MICHAEL MCELWAIN Electronic Signature of Registered Agent Ctor Detail : SECRETARY FRANCES, DELGADO 400 N. FLORIDA AVE. LAKELAND FL 33801	Title Name Address	TREASURER SHAMBLIN, MONICA 400 N. FLORIDA AVE.	02/19/2019
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: MICHAEL MCELWAIN Electronic Signature of Registered Agent Ctor Detail : SECRETARY FRANCES, DELGADO 400 N. FLORIDA AVE. LAKELAND FL 33801 PRESIDENT	Title Name Address	TREASURER SHAMBLIN, MONICA 400 N. FLORIDA AVE.	02/19/2019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONICA SHAMBLIN

TREASURER

02/19/2019

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N13000001488

Entity Name: LAWTON CHILES MIDDLE ACADEMY BAND BOOSTERS, INC.

Current Principal Place of Business:

FILED Feb 19, 2019

Secretary of State

7056337789CC

Date