## 719833

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## COVER LETTER

Division of Corporations
NAME OF CORPORATION: CYCW BOOSTERS OF WINTER Park, Inc.
DOCUMENT NUMBER: 719833
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Crew Boosters of Winter Park, Inc.
(Firm/ Company)
P.O. Box 1003
(Address)
Winter Park FL 32790 (City/ State and Zip Code)
Winter park president @ amai, com E-mail address: (to be used for future annual report notification)
$\smile$
For further information concerning this matter, please call:
Marni Sperce at 407 810, 8508 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	rticles of Amendment to	NIn	
Crew Boosters (Name of Corporation as cu	ticles of Incorporation of  F Winter  rrently filed with the Florid	Pack, Inc. (a Dept. of State)	
	719833		
(Document N	umber of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the corpo	oration:		
		The i	
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated"	or the abbreviation "Corp." or "In	c."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>		
C. Enter new mailing address, if applicable:		15 JUL	SECRETON O
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			ARY OF ST
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		nter the name of the	<u>ت</u> ج
Name of New Registered Agent:			
New Registered Office Address:	(Flor	(Florida street address)	
<u></u>		, Florida	
	(City)	, Florida (Zip Code)	_ <del>_</del>
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: m familiar with and accept th	e obligations of the position.	
<u></u>	Signature of New Register	ed 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: X Change X Remove X Add	PT         John E           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	P	Mary Margaret Vosquez	300 West Reading Wax WinterPark FL 32-189
2) Change Add	<u></u>	Lisa Panos	P.O. Box 1003 Winter Park F2 32790
Remove 3) K Change Add	<u>P</u>	Diane Baylor	P.O. Box 1003 Winter Park FL 32790
Remove 4) Change Add	<u> </u>	Dave Young	P.O. Box 1003 Winter Park FZ 32790
Remove  Change Add	1	MarniSpence	P.O. Box 1003 Winter Park FL 32190
Remove 6) Change Add			
Remove		D-112 2 - 64	

The date of each amendment(s) date this document was signed.	adoption: Whe 4	if other than th
Effective date if applicable:	Tune 9, 21	SECRETARY OF STATE OIVISION OF CORPORATIONS
	(no more than 90 days after amendmen	
Note: If the date inserted in this document's effective date on the l		g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of vote	es cast for the amendment(s)
☐ There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The ctors.	e amendment(s) was/were
Dated	7.2-2015	
Signature	airman or vice chairman of the board, president	or other officer if directors
have not	been selected, by an incorporator — if in the hand rt appointed fiduciary by that fiduciary)	
	MarniSpence	
	(Typed or printed name of pers	ion signing)
	treasurer	
	(Title of person sig	ning)