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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Band Boosters Associa	ation of Eustis, Inc		
7200	143			
DOCUMENT NUMBER:	 			
The enclosed Articles of Amenda	ment and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Jolie Fowler-Treasurer				
	(Name of Contact Pe	rson)	
Band Boosters Association of Eu	ıstis, Inc			
		(Firm/ Company)	
PO Box 1799				
		(Address)		
Eustis, FL 32727				•
	(1	City/ State and Zip (Code)	
eustisbandtreasurer@hotmail.co	n			
E-mai	l address: (to be used t	or future annual rep	ort notification)
For further information concerning	ng this matter, please c	all:		
Jolie Fowler-Treasurer		at	352	602-3726
(Na	me of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made pay	able to the Florida D	Department of S	tate:
	\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Addr	966	Str	eet 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

Articles of Amendment Articles of Incorporation

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Band Boosters Association of Eustis, Inc (Name of Corporation as currently filed with the Florida Dept. of S 720043 (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: Music Association of Eustis, Inc. 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street address)

Florida (Zip Code) 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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change			
Add			
Remove			
2) Change	****		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
Keniove			
6) Change			
Add			
Remove			

If amending or adding (attach additional sheets	, if necessary).	(Be specific)	inge(3) here.				
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	05/05/2016	
	e date of each amendment(s) adoption:e this document was signed.	_, if other than the
Effe	06/09/16 ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 Signature (By the diairman 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) Jolie S Fowler (Typed or printed name of person signing)	-
	Treasurer	
	(Title of person signing)	