

N10Z00000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

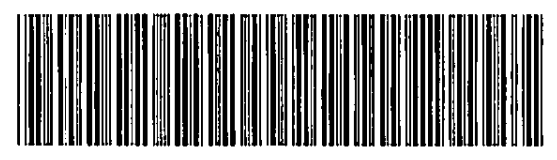
(Business Entity Name)

(Document Number)

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11/09/17--01020--006 **30.00

11/29/17--01006--022 **13.75

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2017 NOV 27 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/CCS

NOV 29 2017
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OLYMPIA HIGH SCHOOL FOOTBALL BOOSTERS, INC.

DOCUMENT NUMBER: NO2000000049

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

Please return all correspondence concerning this matter to the following:

ROBERT J. HEARST
(Name of Contact Person)

(Firm/ Company)

10820 BAYSHORE DR.
(Address)

WINDERMERE, FL 34786
(City/ State and Zip Code)

rhearst@cfl.rn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. HEARST at 407 739-6147
(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
- \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

ROBERT J. HEARST
10820 BAYSHORE DR
WINDERMERE, FL 34786

SUBJECT: OLYMPIA HIGH SCHOOL FOOTBALL BOOSTERS, INC.
Ref. Number: N0200000049

We have received your document for OLYMPIA HIGH SCHOOL FOOTBALL BOOSTERS, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$5.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 817A00023157

\$13.75 ENCLOSED
(FILING FEE + CERT OF STATUS)

RECEIVED
CORPORATIONS
DIVISION
NOV 27 11 16 AM '17

Articles of Amendment
to
Articles of Incorporation
of

OLYMPIA HIGH SCHOOL FOOTBALL BOOSTERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

NO2000000049

(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:

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

10820 BAYSHORE DR
WINDERMERE, FL 34786

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 193
WINDERMERE, FL 34786-0193

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:

ROBERT J. HEARST

10820 BAYSHORE DR.

(Florida street address)

New Registered Office Address:

WINDERMERE

(City)

Florida

34786

(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.

Robert Hearst
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V, T</u>	<u>ROBERT J. HEARST</u>	<u>10820 BAYSHORE DR</u> <u>WINDERMERE, FL 34786</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>KIRSTEN COOPER</u>	<u>2460 LIELASUS DR</u> <u>ORLANDO, FL 32835</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>J CURT JOHNSON</u>	<u>7982 HORSE FERRY RD</u> <u>ORLANDO, FL 32835</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>NICOLE PHILLIPS HOLLIS</u>	<u>9000 LAKE FISCHER BLVD</u> <u>GOTHA, FL 34734</u>
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: _____, if other than the date this document was signed.

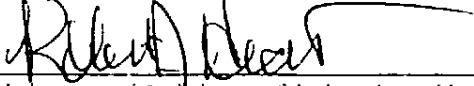
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 11/7/17

Signature 

(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)

ROBERT J. HEARST
(Typed or printed name of person signing)

VICE PRESIDENT & TREASURER
(Title of person signing)