N04000007449

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section — Division of Corporations

NAME OF CORPORATION: Coral Springs Charter School Drama Club Boosters Inc						
DOCUMENT I	NUMBE	r: N0400007449				
The enclosed A	rticles of	f Amendment and fee are subm	itted for	filing.		
Please return all	l corresp	ondence concerning this matter	to the f	following:		
-		Chri (Name of C	sty Lee			
		(ivaille of C	omaci P	erson)		
	(Coral Springs Charter Sch			Boosters Inc	<u> </u>
		(Firm/	Compan	y)		
		9624 NW	' 24th F	Place		
-		(Ac	ldress)		•••	
		Coral Sprir	ıgs, FL	33065		
-		(City/ State				
_		christyannlee	17@g	mail.com	ort notificatio	n)
For further infor	rmation	concerning this matter, please of		•		,
Christy Lee			at (954	658-4060	
1)	Name of	Contact Person)		(Area Code	& Daytime	Telephone Number)
Enclosed is a ch	eck for t	he following amount made pay	able to	the Florida D	epartment of	State:
\$35 Filing Fe		☑ \$43.75 Filing Fee & Certificate of Status	Certif	,		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Division P.O. Box	ent Section of Corporations		Clifton Buil	Section Corporations ding tive Center Cir	rcle

Articles of Amendment to Articles of Incorporation of

FILED
LUUG AUG 17
SECRETARY OF STATE

Coral Springs Charter School Drama Club Boosters, Inc. SEE. FLOR (Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State) N0400007449

(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 c	orporation:
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.	
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADI</u>	3205 N University Drive
	Coral Springs, FL 33065
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC)	9624 NW 24th Place
	Coral Springs, FL 33065
D. If amending the registered agent and/or registenew registered agent and/or the new registered	
Name of New Registered Agent:	Christy Lee
	9624 NW 24th Place
New Registered Office Address:	(Florida street address)
	Coral Springs , Florida 33065
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
position.	t. I am familiar with and accept the obligations of the
Signatu	re 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>P</u>	Christy Lee	9624 NW 24th Place Coral Srpings, FL 33065	☑ Add □ Remove
	Sherri Carter	5271 W Leitner Dr Coral Springs, FL 33067	
	-		_
(attach d	nding or adding additional Articles additional sheets, if necessary). (E	s, enter change(s) here: Re specific)	
			

The date of each amendment(s) ac	loption: $3-14-09$
Effective data if applicables	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated\$ Signature	-14-09 QQQQ
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)