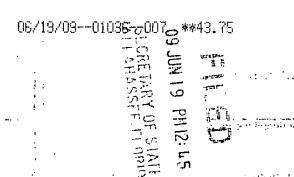
N0400008133

	(Requestor's Name)	· · ·
	(Address)	
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	(City/State/Zip/Phon	e #)
PICK-UF	P WAIT	MAIL.
	(Business Entity Na	me)
	(Document Number)), · · · · · · · · · ·
Certified Copies	Certificate	s of Status <u>- Marks</u>
Special Instructions	s to Filing Officer:]
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Aprend. 16/25/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE KREWE	OF FTROOP, INC.	
DOCUMENT NUM	BER: N04000008133		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
		Y S. CONTE	and the same of th
	(Name of	Contact Person)	
	KREWE OI	F TROOP, INC.	
	(Firm	/ Company)	
	6502 W	ALTON WAY	
	(A	Address)	
	TAMPA, F	LORIDA 33610	
		e and Zip Code)	
	baron2 E-mail address: (to be use	25@aol.com I for future annual report no	tification)
For further information	on concerning this matter, please	call:	
RANDY S. CONTE		at (813) 404-	-1509
(Name	of Contact Person)	(Area Code & D	Paytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Depart	ment 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 Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

Articles of Amendment to Articles of Incorporation of

THE KREWE OF TROOP, INC.

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

N04000008133

(Document Number of Corporation (if known)

obreviation "Corp." or "Inc." <u>"Company" o</u>		"corporation" or "in t be used in the name.	corporated" or the
Enter new principal office address, if apprincipal office address MUST BE A STREE			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		6502 WALTON W	AY
		TAMPA, FLORIDA	A 33610
If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
new registered agent and/or the new reg	istered office ad		nter the name of the

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)

Type of Action Title **Name** Address STEVE AUCOIN D P. O. BOX 45067 ☐ Add ☑ Remove TAMPA, FLORIDA 33677 JOEY AUCOIN D P. O. BOX 45067 ____ 🗖 Add TAMPA, FLORIDA 33677 ☑ Remove D **RON ARKAY** P. O. BOX 45067 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) a	adoption: June 17, 2009
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directors	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated June 17 Signature	7,2009 1 hyl 2 (
(By the have no	chairman or vice chairman of the board, president or other officer-if director of been selected, by an incorporator – if in the hands of a receiver, trustee, court appointed fiduciary by that fiduciary)
	RANDY S. CONTE
_	(Typed or printed name of person signing)
_	FOUNDER - PRES.
-	(Title of person signing)

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