N050000005897

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(Requestor's Name)
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(City/State/Zip/Phone #)
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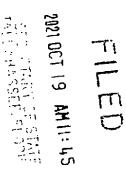
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amend

10/19/21--01016--003 **35.00



A. RAMSEY OCT 2 9 2021

A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		CHOOL ATHLETIC	BOOSTER C	LUB, INC.
	05000005897			
DOCUMENT NUMBER:				
The enclosed Articles of Ameri	dment and fee are sub	nitted for filing.		
Please return all correspondence	e concerning this matte	er to the following:		
Chris St. John				
		(Name of Contact Pe	erson)	
HAGERTY HIGH SCHOOL	ATHLETIC BOOSTEI	R CLUB, INC.		
		(Firm/ Company	′)	
3225 LOCKWOOD BLVD				
		(Address)		
OVIEDO, FL 32766				
		(City/ State and Zip	Code)	
flyersgretz@yahoo.com				
E-n	nail address: (to be used	I for future annual rep	ort notification	1)
For further information concer	ning this matter, please	call:		
Chris St. John		at	407	617-6550
4)	lame of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation

FILED

HAGERTY HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

2021 OCT 19 AM 11: 45

Florida Dept. of State)	operation of area
	OBORUTARY OF STAFF TOLEAHASSEE, FLORIDE
nent Number of Corporation (if known)
rida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
e corporation;	
l "corporation" or "incorpora	The newThe abbreviation "Corp." or "Inc."
ble: DDRESS)	
<i>BOX</i>)	
stered office address in Flori ed office address;	da, enter the name of the
Chris St. John	······································
3225 LOCKWOOD BLVD	
	(Florida street address)
OVIEDO	. Florida 32766
(City)	(Zip Code)
Z	ept the obligations of the position. Sintered Agent, if changing
	stered office address in Floried office address; Chris St. John 3225 LOCKWOOD BLVD OVIEDO (City) Registered Agent: I. I am familiar with and acc

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 Do Y Mike Jo SY Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	Matt Assenmacher	3225 LOCKWOOD BLVD OVIEDO, FL 32766
X Remove			
2) Change Add	<u>P</u>	Chris St. John	3225 LOCKWOOD BLVD OVIEDO, FL 32766
X Remove 3) Change Add Remove	<u>T</u>	Holly Roberson	3225 LOCKWOOD BLVD OVIEDO, FL 32766
4) X Change Add	<u>T</u>	Cynthia Yonker	3225 LOCKWOOD BLVD OVIEDO, FL 32766
Remove 5)	<u>v</u>	Stephanie Turner	3225 LOCKWOOD BLVD OVIEDO, FL 32766
Change X Add	<u>V</u>	Dawn Sophia	3225 LOCKWOOD BLVD OVIEDO, FL 32766
(attach additional shee	ts, if necessary).	cles, enter change(s) here: (Be specific) KWOOD BLVD, OVIEDO, FL 32766	

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	9-15-21	
The date of each amendment(s) adoption:date this document was signed.	1-13 1	, if other than th
Effective date if applicable:		
(no more	than 90 days after amendment file date)	
Note: If the date inserted in this block does not mee	the applicable statutory filing requirements, this	date will not be listed as the

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.

Dated _	9-15-21
Signature_	88
1	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)
	Chris St. John
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) President