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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

And the second second

Tallahassee, FL 32314

Ha NAME OF CORPORATION:	gerty High School /	Athletic Booster Cli		
N05000 DOCUMENT NUMBER:	0005897			
The enclosed Articles of Amendment	nt and fee are submi	itted for filing.		
Please return all correspondence cor	ncerning this matter	to the following:		
Angela Relyea				
	(1	Name of Contact Pe	erson)	
Hagerty High School Athletic Boos	ter Club			
		(Firm/ Company	·)	
3225 Lockwood Blvd.				_
		(Address)	-	
Oviedo, FL 32765				
	(6	City/ State and Zip	Code)	
hhsabc@outlook.com				
E-mail a	ddress: (to be used f	for future annual rep	ort notificatio	n)
For further information concerning	this matter, please c	all:		
Angela Relyca		at	407	276-3920
(Name	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made pay	able to the Florida	Department of	State:
■ \$35 Filing Fee □\$43 Cer	.75 Filing Fee & C tificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327	on	An Di	reet Address nendment Sectivision of Corp te Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Hagerty High School Athletic Booster Club (Name of Corporation as currently filed with the Florida Dept. of State) N05000005897 (Document Number of Corporation (if known) SECRET:
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: 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: Angela Relyca Name of New Registered Agent: 3225 Lockwood Blvd. (Florida street address) New Registered Office Address: Florida \_ 32765 Oviedo (City) 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.

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith				
Type of Action (Check One)	Title		Name	Address		
1) Change Add	T	_	Angela Slanev	3225 Lockwood Blvd. Oviedo, FL 32765		
<ul> <li>X Remove</li> <li>2) Change</li> <li>X Add</li> </ul>	T	_	Heather Tygart	3225 Lockwood Blvd. Oviedo, FL 32765		
Remove 3) Remove Add Remove		_				
4) Change Add		_				
Remove  5) Change Add		_				
Remove 6) Change Add		_	·			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
Remove - Angela Slaney as Treasurer						
Add - Heather Tygart as Treasurer  Remove - James Grebey as Registered Agent						
Add -Angela Relvea as Registered Agent						

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The date of each amendment(s) adoption:	, if other than the
data thin day was and was along along d	<del></del>
date this document was signed.	
Effective date if applicable: $8/21/24$ (no more than 90 days after amendment file date)	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
No. 100 days and an area of the control of the cont	t ha listed natha
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	i oc asied 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 8/21/24
Signature angela Polizee
(By the 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)
Angela Relyea (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)