

105000012243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC -7 AM 10:58

FILED

Amended  
12-2-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Gym Functionics Booster Club

**DOCUMENT NUMBER:** NO 50000 12243

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

Please return all correspondence concerning this matter to the following:

Jennifer Torracco  
(Name of Contact Person)

(Firm/ Company)

12484 Moneta Rd.  
(Address)

Weeki Wachee, FL 34614  
(City/ State and Zip Code)

Jtorracco@americanaviation.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Torracco at (352) 585-7913  
(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 14, 2011

JENNIFER TORRACO  
12484 MONTA ROAD  
WEEKI WACHEE, FL 34614

SUBJECT: GYM FUNATICS BOOSTER CLUB INC  
Ref. Number: N05000012243

We have received your document for GYM FUNATICS BOOSTER CLUB INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE PAGE 3 OF 3 SIGNATURE PAGE AND RETURN FOR PROCESSING.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 611A00025737

RECEIVED

11 DEC -7 AM 9:13

TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2011 DEC -7 AM 10:58

Gym Funatics Booster Club Inc

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

NO 5000012243

(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)

12484 Moneta Rd.

Weeki Wachee, FL

34614

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

12484 Moneta Rd.

Weeki Wachee, FL

34614

**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:**

**X** Name of New Registered Agent:

Jennifer Torralo

**X** New Registered Office Address:

12484 Moneta Rd.

(Florida street address)

Weeki Wachee

(City)

Florida 34614  
(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.

Jennifer Torralo  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

**Type of Action**

~~Remove~~

 Add

 Remove

☐ Remove

(attach additional sheets, if necessary). (Be specific)

FOURTH: Effective date of dissolution if applicable: N/A  
(no more than 90 days after dissolution file date)

Signature

Ellwood P. Hunt IV  
(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.)

ELLWOOD P. HUNT IV

(Typed or printed name of the person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**