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## **COVER LETTER**

TO: Amendment Section Division of Corporations

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EAST LAKE HIGH CHEER BOOSTERS INC.  NAME OF CORPORATION:
N06000009523
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STACEY W BULLOCK
(Name of Contact Person)
EAST LAKE HIGH CHEER BOOSTERS INC.
(Firm/ Company)
3929 MULLENHURST DR
(Address)
PALM HARBOR FL 34685
(City/ State and Zip Code)
Kbrooks721@hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STACEY W BULLOCK 281 687 8399 at
(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

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

EAST LAKE HIGH CHEER BOOSTERS INC.

NO	06000009523	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporati	ion adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbrevia	tion "Corp." or "Inc."
B. Enter new principal office address, if applicable:	<u>:</u>	
(Principal office address MUST BE A STREET ADD	RESS	707
O. D		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)	
		21
D. If amending the registered agent and/or register	ed office address in Florida, enter the name of	of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
<del></del>	(Florida street address)	
New Registered Office Address:		
	FI	orida
_		(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	istered Agent:	Etha pacition
i nereby accept the appointment as registered agent.	i am jamuar wan ana accept the obagations of	те розиши.
	Signature of New Registered Agent, if cha.	naina
	Signature of New Registered Agent, if Cha.	"8""8

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 Doc, 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 L           V         Mike J           SV         Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>Pres</u>	Lisa A Rotatori	2115 Sunset Wind Loop Oldsmar FL
X Remove  2) Change Add	<u>VP</u>	Karen J Sebesta	3879 Moreno Dr Palm Harbor FL
X Remove 3 ) Change Add X Remove	<u>Treasur</u> p ~	Stephanie T. O'Brien-Burke	1927 Sheffield Ct Oldsmar FL34677
4) Change X Add	<u>Pres</u>	Stacey W. Bullock	3929 Mullenhurst Dr Palm Harbor FL
Remove  5) Change  X Add	<u>VP</u>	Laurie McGuinness	3668 Janus Way Palm Harbor Fl
Remove  δ) Change  X Add	<u>Treasur</u> er	Kathleen Mohr	3945 Mimosa Place Palm Harbor FL
E. If amending or add (attach additional she	ing additional Arects, if necessary).	ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) ado date this document was signed.	ption: SEPTEMBER 4 2020	0		_, if other than the
Effective date if applicable:	(no more than 90 days af	ter amendment file date)	- "	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable artment of State's records.	statutory filing requireme	ents, this date will not i	be fisted as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	SEPTEMBER 8 2020
	. Staces W. Rullock
Signature	(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)
	STACEY W BULLOCK
	(Typed or printed name of person signing)
	PRESIDENT