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Amera Neuro 8-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations

•					
NAME OF CORPOR	ATION: Marching Raide	r Ban	d Boo	sters Asso	ciation, Inc.
DOCUMENT NUMB	ER: N08000002671	·			
The enclosed Articles of	of Amendment and fee are subm	itted for	filing.		
Please return all corresp	pondence concerning this matter	to the	following	g:	
	Shanno				
	(Name of C	ontact F	'erson)		
	(Firm/ C	Compan	y)		
	P.O. B		42		الهدالك والكورودان والكورودان
	(Ad	dress)			
	Navarre (City/ State				
	deanbarrow	•	ŕ	1	
	E-mail address: (to be used				tion)
For further information	concerning this matter, please of	all:			
Shannon Lumagui		_ at (_	850	376-560	
(Name o	f Contact Person)	_ _	(Area	Code & Daytin	ne Telephone Number)
Enclosed is a check for	the following amount made pay	able to	the Flori	ida Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif (Add	fied Copy itional co osed)	opy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314		Ameno Divisi Cliftor 2661 I	t Address Idment Section Ion of Corporation In Building Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

11 AUG -8 AM 11: 10

Marching Raider Band Boosters Association, Inc.

SECRETARY OF STATE

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

N08000002671	. 1
(Document Number of Corporation (if known)	, •
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not</i> the following amendment(s) to its Articles of Incorporation:	For Profit Corporation adopts
A. If amending name, ontor the new name of the componetions	

The new name must be distinguishable and contain that abbreviation "Corp." or "Inc." "Company" or "Co."	<u>-</u>	ncorporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the
Name of New Registered Agent:	Shannon Lumagui	. <u></u>
	1964 Jamaica St.	
New Registered Office Address:	(Florida street address)	*************************************
	Navarre	, Florida_32566

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.

Signature of New Registered Agent, if changing

Page 1 of 3

' 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres	Connie Walker	2039 Jessica Way Navarre, FL 32566	☐ Add ☐ Remove
Sec	Tracey Henderson	1906 Candlewood Dr Navarre, FL 32566	☐ Add ☑ Remove
Pres	Shannon Lumagui	1964 Jamaica St Navarre, FL 32566	
	ending or adding additional Articles, e additional sheets, if necessary). (Be s Karen Moss 2035 Tampa Blve		ADD
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The date of each amendmen	t(s) adoption: June 1, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) June 1, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_08/0	14/2011 10/1/10/10/00/00/
(B)	the chairman or vice chairman of the board, president or other officer-if directors of not been selected, by an incorporator — if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	Connie Walker
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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