

**N0200004537**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

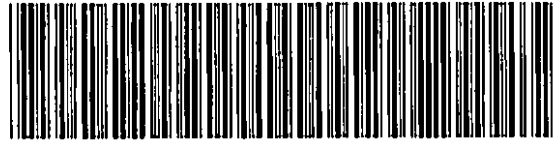
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2018 AUG 31 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

C GOLDEN  
SEP - 5 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CREEKSID KNIHTS ATHLETIC BOOSTER CLU

DOCUMENT NUMBER: N08000004537

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

Please return all correspondence concerning this matter to the following:

KIRSTEN BUTLER

(Name of Contact Person)

CREEKSID KNIHTS ATHLETIC BOOSTER CLUB

(Firm/ Company)

100 KNIHTS LANE

(Address)

ST. JOHNS FL 32259

(City/ State and Zip Code)

treasurer@creeksideknights.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRSTEN BUTLER

(Name of Contact Person)

at 904 509 3834

(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)

Already  
Sent

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

July 24, 2018

KIRSTEN BUTLER  
C/O CREEKSIDE HIGH SCHOOL  
100 KNIGHTS LANE  
ST. JOHNS, FL 32259

SUBJECT: CREEKSIDE KNIGHTS ATHLETIC BOOSTER CLUB, INC.  
Ref. Number: N08000004537

We have received your document 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 718A00015221

PLEASE SEE ATTACHED

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Articles of Amendment  
to  
Articles of Incorporation  
of

CREEKSIDE KNIGHTS ATHLETIC BOOSTER CLUB, INC.

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

NO8000004537

(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)

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:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.*

Signature of New Registered Agent, if changing

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u> (PRESIDENT)	<u>GORDON</u> <u>GOODYEAR</u>	<u>100 KNIGHTS LN.</u> <u>ST. JOHNS, FL</u> <u>32259</u>
2) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>V</u> (VP)	<u>KENDAL</u> <u>WALSH</u>	<u>100 KNIGHTS LN.</u> <u>ST. JOHNS, FL</u> <u>32259</u>
3) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>S</u> (SECRETARY)	<u>KIM</u> <u>MOORE</u>	<u>100 KNIGHTS LN.</u> <u>ST. JOHNS, FL.</u> <u>32259</u>
4) ____ Change ____ Add ____ Remove	_____	_____	_____
5) ____ Change ____ Add ____ Remove	_____	_____	_____
6) ____ Change ____ Add ____ Remove	_____	_____	_____

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 5/23/2018  
(no more than 90 days after amendment file date)

**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.

☐ 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 8/6/18

Signature Kirsten Butler

(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)

KIRSTEN BUTLER  
(Typed or printed name of person signing)

TREASURER  
(Title of person signing)