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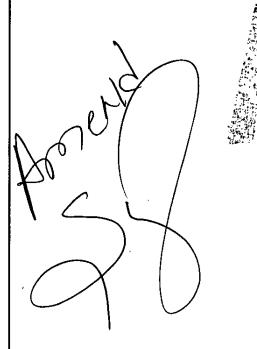
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#### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPORATION:	COL	T BAND	BOUSTERS	IN (
DOCUMENT NUMBER:	N0800	0000530	2	
The enclosed Articles of Amend	<i>lment</i> and fee are subn	nitted for filing.		
Please return all correspondence	concerning this matte	r to the following:		
_		Contact Person)  ICL BOOSTE Company)		
35	72 Sar	octuary D	· · ·	
	(31-)/ 311113	and Zip Code)  ell 5007h		
For further information concerni	·	•		
Kerry We (Name of Contact	STOW Person)	at ( <del>954</del> )(Area Code &	610 - 9001 Daytime Telephone Number	er)
Enclosed is a check for the follow	wing amount made pay	yable to the Florida Dep	artment of State:	
	75 Filing Fee & ate of Status	□ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& \$\square\$ \$\\$52.50 \text{ Filing}\$ Certificate of State Certified Copy (Additional Copy is enclosed)	ntus
Mailing Address Amendment Section Division of Corpo P.O. Box 6327		Street Addres Amendment S Division of Co Clifton Buildin	<u>s</u> ection rporations	

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation

COLT BAND BOOSTERS INC.

e following amendment(s) to its Articles of		
	•	
. If amending name, enter the new name	of the corporation:	wing 6 1984 a
he new name must be distinguishable and obreviation "Corp." or "Inc." <u>"Company</u> "	contain the word "corporation" or " or "Co." may not be used in the name	incorporated for t
Enter new principal office address, if a	pplicable:	17.11
Principal office address <u>MUST BE A STRI</u>	<u>EET ADDRESS</u> )	
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF A		
If amending the registered agent and/o new registered agent and/or the new re		enter the name of
	gistered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President / Director	Kim Dovis	2370 NW95th	Add Remove
VP   Director	Morgaret Corportor	4320 Riverside Dr # Coral Spring, FC 3306	3 ☐ Add
reasurar Diram	Edward Wildman	8766 NW 54 ST Coral Springs, Fl 3306	Add Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		
		•	

	<u>Title</u>	Name	Address	Type of Action
ASST	.Treas / Direct	Pat RYAN	8801 NW 38th Ave # 303 B Coral Spring, FL 33065	☐ Add
			Coral Springs FL 33065	Zarcinove
	Dicector	Kim Cassidy	4222 NW 92 Terrare Coral Springs FL 33065 (	☐ Add  Remove
	Dicerror	Debbie Neshal	4209 NIW 73 d Ave. Coral Springs Fl 33065	□ Add
			Coral Springs, PC 33067	⊠ Remove
NIA		g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
				<del></del>
	<del></del>			
				<del></del>

<u>Title</u>	Name	<u>Address</u>	Type of Action
Director	Angel Persad	1415 NW 80th Aug M9 rg ate FL 3306	AddAdd
Diraw	Sharon Fox	8650 NW 28 Dr. Coral Springs FL 33065	
UP/Diractor	Michelle Netharsole	6602 Bayfront Dr. margate, FL 33063	Add Remove
	ing or adding additional Articles, ente		
(attach aac	ditional sheets, if necessary). (Be spec	egic)	
<del></del>			
· · · · · · · · · · · · · · · · · · ·			
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			<del></del>
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
UP/ Dirarou	Miriam Paul	8750 NWZ 9th Dr. Coral Springs, Fl 33065	✓ Add Remove
	Andriana Procopio	3827 Turtle Run Blud # 2636 Coral Spring; Fe 330	✓ Add ☐ Remove
Asst Treas/Director	Diana Santingo	6600 NW STAPPE CORAL SPRINGS, FL 32067	Add Remove
	ling or adding additional Articles, ente Iditional sheets, if necessary). (Be spec	• ' ' '	
-			

	<u>Title</u>	<u>Name</u>	Address	Type of Action
Treasurar/	Dirara	Barbara Wallace	3697 Coral Tree Circle COLOMUT (rock, FL 33073	Add Remove
		Kerry Weston	3572 Sanctuary Dr. Coral Springe Ft 37065	Add Remove
Secretary	Diraw	Ted Goldblatt	3205 NW 85 NE COLAR SPRIAIS, FE 3366	Add Remove
NIA		ng or adding additional Articles, enter itional sheets, if necessary). (Be specif		
		•		
				name ( Triving and an analysis

The date of each amendment(s) adoption: JUNIE 1, 2010
Effective date if applicable: July 1, 2010
(no more than 90 days after amendment file date)
•
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_ JUNE 7, 2010
Dated JUNE 7, 2010 Signature Kerry Wood
(By the chairman of vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed of printed name of person signing)
President
(Title of person signing)