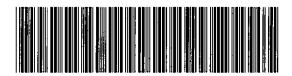
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COVER LETTER

`TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Douglas Ande	erson Band Boosters	
DOCUMENT NUMBER: N08000006787		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Leslie A. Blumenfeld	Contact Person)	
Douglas Anderson Band 🍇 🦒		
PMB184, 445 State Rd 13	,	· · · · · · · · · · · · · · · · · · ·
Jacksonville, FL 32259 (City/ Sta	te and Zip Code)	
For further information concerning this matter, p	lease call:	
Leslie A. Blumenfeld (Name of Contact Person)	at (904) 314-7447 (Area Code & Daytime Tele	ephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Departr	nent of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 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

Articles of Amendment to Articles of Incorporation of

Douglas Anderso (Name of Corporation as currently filed	n Band Boosters Tac	
·) 1 Willia the Fiorida Dept. of State 1006787	
(Document Number of Co		
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporation	on:	ofit Corporation adopts
A. If amending name, enter the new name of the corp	ooration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n B. Enter new principal office address, if applicable:		rporated" or the
(Principal office address MUST BE A STREET ADDR	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 9 MAY - 1 AM 10: 01 BUNE MAY OF STATE ALLAHASSEE, FLORIDA
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent:		er the name of the
New Registered Office Address:	(Florida street address)	_ _, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.	I am familiar with and accep	
Signature	of New Registered Agent, if char	noino

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)

Address Type of Action **Title** Name ☐ Add ☐ Remove ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) The following verbiage is added to the end of Article III: "The organization is organized exclusively for charitable, religious, educational, and/or scientific purposes under section 501(c)(3) or the Internal Revenue Code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state government, for a public purpose."

The date of each amendment	(s) adoption: April 13, 2009
Effective date <u>if applicable</u> :	April 13, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of directions	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated Apri Signature	113, 2009 1. C. B.
(By hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Leslie A. Blumenfeld (Typed or printed name of person signing)
	President (Title of person signing)