as a cover sheet. Type the fax audit number "(snown below) on the top and bottom of all pages of the document.

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Division of Corporations

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Enter the email address for this business entity to be a led for future annual report mailings. Enter only one email address \please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN WILDCATS DEBATE PARENTS BOOSTER CLUB, INC.

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Articles of Amendment

•	,	A			
فتحو 🗨	Articles of Incorporation				
A		of _	· · · · · · · · · · · · · · · · · · ·		
WILDCATS DE	BATE PARE	NTS BOOSTE	R CLUB, INC.		
(Name of Corporation as current)					
	N080	000010176	50 3		
(Document	Number of Corpore	tion (if known)	2		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati	006, Florida Statute on:	s, this <i>Florida Not For Pr</i>	offit Corporation adopts the following		
A. If amending name, enter the new na	me of th <u>e corporati</u>	<u>on:</u>	inco		
			The new		
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporal	ion" or "incorporated" o			
B. Enter new principal office address, i	f annlicable:	2221 SW 1315	ST TERRACE		
(Principal office address MUST BE A ST	REET ADDRESS)	DAVIE, FLORI	DA 33325		
·		5, (1,12, 1, 2,0,1)			
	•				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST (cable: OFFICE BOX)	PO BOX 5501	85		
		DAVIE, FLORI	DA 33355		
	7		•		
•			<u> </u>		
D. If amending the registered agent an	d/or registered offic	ce address in Florida, en	tor the name of the		
new registered agent and/or the new					
Name of New Registered Agent:	Michael Da	gen			
	2221 SW 1	31st Terrace			
		(Florida street address)			
New Registered Office Address.	Davie	1	22275		
	Davie	A/a	, Florida 33325		
New Registered Agent's Signature, if c	(City) nanging Registered	Avent	(Zip Code)		
I hereby accept the appointment as regist	ered agent. I am fu	thilian with and accept the	obligations of the position.		
Sig	nature of New Regin	fered Agent, inchunging			
		Page 1 of 4			

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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:
(Aliach 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 us an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Addres8
Change Add X Remove	<u>P</u>	Jermiter Kapp	11061 Pine Lodge Trail Davie, Florida 33328
2) Change Add X Remove	VP	Kim Dralzin	11081 Pine Lodge Tell Devie Florida 33328
3) Change Add Remove	\$	Lauren Procko	3752 Churchill Downs Orive Davie, Florida 33328
4) Change Add Remove	<u>"</u>	David Laurence	10403 S. Lake Vista Circle Davie, Florida 33328
5) Change × Add Remove	P	Michael Dägen	2221 SW 131st Terrace Davie, Florida 35325
6) Change Add Remove	VP	Lupe Valdes	204 NW 134th Yerrece #103 Plantation, Florida 33325

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7) <u>x</u> Add	Treasurer	Frank Zhang	10711 SW 14 th Court Davie, FL 33324
8) <u>x</u> Add	Secretary	Tonya Stribling-Marinelli	1031Monticelo Ave Davie, FL 33325

& :	(((H12000175433 3)))		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			

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	• •	
•		

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The date of each amendment(s) adoption: April 4, 2012

Effective date (f applicable: April 4, 2012

(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

Signature

(By the chairman or vite 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 coult appointed fiduciary by that fiduciary)

MICHAEL DAGEN

(Typed or printed name of person signing)

(Title of person signing)