N090000075217

| *** | |
|---|--|
| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |



700267503757

12/23/14--01003--022 **35.00

SECRETARY OF STATE STATE OF CORPORATIONS

() 1/30/14

COVER LETTER

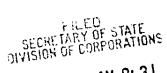
TO: Amendment Section Division of Corporations

| Division of Corporations |
|---|
| NAME OF CORPORATION: The Royale Regiment Band Boosters Inc |
| DOCUMENT NUMBER: N0900007527 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Timothy Mossgrove, Band Booster President |
| (Name of Contact Person) |
| The Royale Regiment Band Boosters |
| (Firm/ Company) |
| PO BOX 10554 |
| (Address) |
| Brooksville, FI 34603-0554 |
| (City/ State and Zip Code) |
| bandboosters@theroyaleregiment.info |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Timothy Mossgrove at (352) 585-7212 |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Street Address Amendment Section |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



ROYALE REGIMENT BAND BOOSTERS, INC.

14 DEC 23 AM 8: 31

| (Name of Corporation as currently file | ed with the Florida Dept. of State | <u>e</u>) | |
|---|------------------------------------|-------------------------------------|--------------------------|
| N09000007527 | | | |
| (Documen | t Number of Corporation (if know | n) | |
| Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation: | Florida Statutes, this Florida Not | For Profit Corporation adopts | the following |
| A. If amending name, enter the new name o | f the corporation: | | |
| name must be distinguishable and contain the | word "corporation" or "incorpor | ated" or the abbreviation "Corp | The new p." or "Inc." |
| "Company" or "Co." may not be used in the i | <u>name</u> . | | |
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | | | |
| Frincipui office uduress <u>MOST BE A STREE</u> | | | |
| | | | |
| | | · · · · · · · · · | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | | | |
| . 5 | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or | | da, enter the name of the | |
| new registered agent and/or the new regi | istered office address: | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street address | • | |
| | | Pl ! 4 . | |
| | (City) | , Florida (Zip C | ode) |
| Now Degistered Agent's Signature if changi | ing Dagistavad Agents | . 2 | · |
| New Registered Agent's Signature, if changi I hereby accept the appointment as registered of | | ept the obligations of the position | 9 n . |
| | | | |
| Sic | pnature of New Registered Agent | f 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: X_Change X_Remove X_Add | PT John I V Mike SV Sally | <u>Jones</u> | |
|----------------------------------|---------------------------------|-------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Р | SCOTT DONHAM | 7097 WPA ROAD |
| Add | | | BROOKSVILLE, FL |
| X Remove | | | 34601 |
| 2) Change | <u>V</u> | KAREN CLIFFORD | 7097 WPA ROAD |
| Add | | | BROOKSVILLE, FL |
| X | | | 34601 |
| 3) Change | S | GAYLE LOOPER | 26412 BAXTER ST. |
| Add | | | BROOKSVILLE, FL |
| X Remove | | | 34601 |
| 4) Change | Т | SHANNON SLAUGHTER | 1020 HOWELL AVE |
| Add | | | BROOKSVILLE, FL |
| X Remove | | | 34601 |
| 5) Change | Р | TIMOTHY MOSSGROVE | 507 UNDERWOOD AVE |
| X | | | BROOKSVILLE, FL |
| Remove | | | 34601 |
| 6) Change | VP | ANITA SMOTHERS | 6114 Honeysuckle Lane |
| X Add | | | BROOKSVILLE, FL |
| Remove | | | 34602 |
| | | Page 2 of 4 | |

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: X Change X Remove X Add | PT John D V Mike J SV Sally S | <u>ones</u> | |
|----------------------------------|-------------------------------------|------------------|--------------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>T</u> | GLORIMAR GARCIA | 14814 WAKEROBIN DR |
| X Add | | | BROOKSVILLE, FL |
| Remove | | | 34604 |
| 2) Change | <u>s</u> | ANNETTE AMMIRATI | 23167 TANKERESLEY |
| X Add | | | BROOKSVILLE, FL |
| Remove | | | 34601 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| <u>_</u> . | | | - 111 111 131 131 |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|--|
| (and in didditional sheets, if necessary). (Be specifie) |
| AMMENDED ARTICLE 3 The purpose of this organization shall be to promote and support the band program at Hernando High School through fundraising, transportation, |
| and any other activities that will enhance and foster the band program. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, |
| including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501 (c) (3) of the Internal Revenue Code |
| or corresponding section of any future federal tax 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 or local government, for a public purpose. Any such assets not disposed |
| of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization. |
| or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes |
| ADDED: |
| Under penalties of perjury, I declare that I have examined this information, including accompanying document, and, to the best of my knowledge and belief, the information |
| contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SECRETARY OF STATIONS
ON OF CORPORATIONS **DECEMBER 4, 2014** The date of each amendment(s) adoption: date this document was signed. **DECEMBER 4, 2014** 14 DEC 23 AM 8: 31 Effective date if applicable: (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. **DECEMBER 4, 2014** Dated Signature (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) TIMOTHY MOSSGROVE (Typed or printed name of person signing) BAND BOOSTER PRESIDENT

(Title of person signing)