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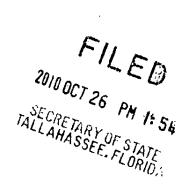
TO: Amendment Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Bartram Trail	High School Booster Association, Inc
DOCUMENT NUMBER: /V 1000000 8 4 4 4	3
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Barbara Mattingly (Name of Contact	Person)
Bartran Trail High Sche	any)
7399 Longleof Pine 7 (Address)	γκωγ
Soint Johns, FL 322 (City/ State and Z	59-6470 ip Code)
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please call:	
Diane Parker Treasurer at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	to the Florida Department of State:
Certificate of Status Cer (Ad	43.75 Filing Fee & tified Copy Iditional copy is Closed) Cartificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation

Bartram Trail High School	Booster Associati	on Inc.
(Name of Corporation as currently f	iled with the Florida De	ept. of State)
N100000	08449	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorporate		lot For Profit Corporation adopts
A. If amending name, enter the new name of the c	orporation:	
BARTRAM TRAIL HIGH SCHOOL CHO	ORUS BOOSTER AS	SOCIATION INC.
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:		orida, enter the name of the
New Registered Office Address:	(Florida street addre	255)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen- position.		and accept the obligations of the

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) Title <u>Name</u> <u>Address</u> Type of Action ☐ Add ☐ Remove _ 🔲 Add ☐ Remove _____ ☐ Remove E. If amending or adding additional Articles, enter change(s) here: NA (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s)	adoption: October 06, 2010
•	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were awas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directors	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 10/06	6/2010
Signature	Jeane Parker
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Diane Parker
	(Typed or printed name of person signing)
_	Treasurer
	(Title of person signing)