1120010035

· (Requ	uestor's Name)	
. (Addı	ess)	
(Addr	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doca	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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SEP 1 8 2018 S. YOUNG



August 1, 2018

TRACY SHULER NEWBERRY BASEBALL BOOSTER, INC PO BOX 271 NEWBERRY, FL 32669

SUBJECT: NHS BASEBALL BOOSTER, INC.

Ref. Number: N12000010035

We have received your document for NHS BASEBALL BOOSTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

COVER LETTER

TO: Amendment Section Division of Corporations

Newberry Baseball Booster, Inc NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tracy Shuler	
(Name of Contact F	Person)
Newberry Baseball Booster, Inc	
(Firm/ Compar	ny)
PO Box 271	
(Address)	
Newberry, Fl 32669	
(City/ State and Zip	Code)
shulertb@gmail.com E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please call:	
Tracy Shuler	352 258-9216
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Amendment Section Amendment Section Division of Corporations P.O.Box 6327 Tallahassee, FL 32314	e & \$\Bigcup\$52.50 Filing Fee Certificate of Status
	CLOKY O

Articles of Amendment to Articles of Incorporation

Newberry Baseball Booster Inc. /	NHS Basek	pall	Boos	fer, Inc.	
(Name of Corporat	ion as currently filed	with th	e Florida De	ept. of State)	
N12000010035					
(Do	cument Number of Co	rporatio	n (if known)		
Pursuant to the provisions of section 617.1006, 1	Florido Statutos this F	Torida N	Vat For Draft	it Comonation of	ionte the fallow
amendment(s) to its Articles of Incorporation:	riorida Statutes, tilis Fi	ivriau r	tor run	a Corpor u tion at	lopis the followi
A. If amending name, enter the new name of	the corporation:				
					The no
name must be distinguishable and contain the w		"incorp	orated" or th	he abbreviation '	"Corp." or "Inc
"Company" or "Co." may not be used in the n	ame.				
B. Enter new principal office address, if appl			······································		
(Principal office address <u>MUST BE A STREE</u>	T ADDRESS)				
					
					- E
C F-4					9.5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)				
, , , , , , , , , , , , , , , , , , , ,					<u></u>
					<u>~~</u>
					310
D. If amending the registered agent and/or re		ss in Flo	orida, enter	the name of the	
new registered agent and/or the new regis	stered office address:				
Name of New Registered Ager	<u>11</u> :				
			(Florida st	reet address)	
<u>New Registered Office Addre</u>	<u>35</u> :				
				. Florida	
	(City)			(Zip C	
N D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
New Registered Agent's Signature, if changin I hereby accept the appointment as registered a		ith and	secont the ch	ligations of the p	asitian
merent accept the appointment as registered a	gen. I um jummur we	ere wrau u	occpi inc on	nganons of the p	· · · · · · · · · · · · · · · · · · ·

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)

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	<u>V</u> <u>M</u>	hn Doe ike Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Sherry Spilman	Newberry Baseball Booster, Inc
Add			PO Box 271
x Remove			Newberry, FL 32669
2) X Change	P	Tracy Shuler	Newberry Baseball Booster, Inc
Add			PO Box 271
Remove			Newberry, Fl 32669
3) Change	V	Kelley Purvis	Newberry Baseball Booster, Inc
x Add			PO Box 271
Remove			Newberry, FI 32669
4) Change	s	Molly Massey	Newberry Baseball Booster, Inc
X Add			PO Box 271
Remove			Newberry, FI 32669
5) Change	T	Lora Compton	Newberry Baseball Booster, Inc
X Add			PO Box 271
Remove			Newberry, Fl 32669
6) Change	<u>T</u>	Shawn Lee	Newberry Baseball Booster, Inc
Add			PO Box 271
			Nawborn, El 22660

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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	s	Susan Beltz	Newberry Baseball Booster, Inc
Add			PO Box 271
X Remove			Newberry, FL 32669
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
N/A	
Accessed to the State of Control	
Ş ;	

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· ·	June 15, 2018	C. Alice Alice Alice
The date of each amendment date this document was signed		, if other than th
date in a document was digited	June 15, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) opproval.	
☐ There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Septe Dated	ember 13, 2018	
Signature	haur Bhin	
(By the	chairman or vice chairman of the board, president or other officer-if directors	
	not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
otner	court appointed fiduciary by that fiduciary)	
Tra	acy Shuler	
	(Typed or printed name of person signing)	
Pr	esident, Newberry Baseball Booster, Inc	
	(Title of person signing)	