

N13000006227

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : DEAN AND DEAN, LLP
Account Number : I19980000091
Phone : (352) 368-2800
Fax Number : (352) 867-5787

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BAND PARENTS ASSOCIATION OF LEESBURG HIGH
SCHOOL, IN**

Certificate of Status	0
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Advantage Title - The Villages (352) 430-1329
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10/17/2018 10:12:33 AM PAGE 1/001 Fax Server

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October 17, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BAND PARENTS ASSOCIATION OF LEESEBURG HIGH SCHOOL, INC.
BAND ROOM
1401 YELLOW JACKET WAY
LEESEBURG, FL 34748

SUBJECT: BAND PARENTS ASSOCIATION OF LEESEBURG HIGH SCHOOL, INC.
REF: N13000006227

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: E16000254481
Letter Number: 116A00022224

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAND PARENTS ASSOCIATION OF LEEBSBURG HIGH SCHOOL, INC.

DOCUMENT NUMBER: N13000006227

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA DENBY

(Name of Contact Person)

DEAN & DEAN, LLP

(Firm/ Company)

11714 NE 62nd TERRACE, SUITE 400

(Address)

THE VILLAGES, FLORIDA 32162

(City/ State and Zip Code)

director@swarmofsound.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA DENBY

352

430-1326

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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Oct/17/2016 11:11:39 AM

Advantage Title - The Villages (352) 430-1329

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DIVISION OF CORPORATE

2016 OCT 17 AM 8:53

Articles of Amendment
to
Articles of Incorporation
of

BAND PARENTS ASSOCIATION OF LEEBSBURG HIGH SCHOOL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N13000006227

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>COTY WINDHAM</u>	<u>12335 TAVARES RIDGE LANE</u>
<input type="checkbox"/> Add			<u>TAVARES, FL 32778</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>LORI FISHER</u>	<u>1401 YELLOW JACKET WAY</u>
<input type="checkbox"/> Add			<u>LEESBURG, FL 34748</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>SONIA SEMANS</u>	<u>1737 SHORE LINE DRIVE</u>
<input type="checkbox"/> Add			<u>LEESBURG, FL 34748</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>CHRIS SEMANS</u>	<u>1737 SHORE LINE DRIVE</u>
<input type="checkbox"/> Add			<u>LEESBURG, FL 34748</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>LORI WINTER</u>	<u>35920 POINSETTIA AVE</u>
<input checked="" type="checkbox"/> Add			<u>FRUITLAND PARK, FL 34731</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>ML</u>	<u>TONY WINTER</u>	<u>35920 POINSETTIA AVE</u>
<input checked="" type="checkbox"/> Add			<u>FRUITLAND PARK, FL 34731</u>
<input type="checkbox"/> Remove			

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

N/A

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DIVISION OF CORPORATE

SEPTEMBER 1, 2016

2016 OCT 17 AM 8:53, if other than the

The date of each amendment(s) adoption: _____
date this document was signed.Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 13, 2016

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)

LINDA DENBY

(Typed or printed name of person signing)

FINANCIAL SECRETARY

(Title of person signing)

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