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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	HS AOUTEA BATT RO		N(,
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a			
Please return all correspondence concerning thi	s matter to the following	<u>;</u> :	
CATHERINE DAVIS			
	(Name of Contac	t Person)	
WILLISTON HS VOLLEYBALL BOOSTER	CLUB INC		
	(Firm/ Comp	pany)	
19144 NW 160TH AVENUE			
	(Address	······································	
WILLISTON, FL 32696			
	(City/ State and	Zip Code)	
CATTEACHI@CENTURYLINK.NET			
E-mail address: (to	be used for future annua	l report notification	on)
For further information concerning this matter,	please call:		
CATHERINE DAVIS			317-5799
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Flor	ida Department o	f State:
S35 Filing Fee		r Cert py is Cert (Add	50 Filing Fee iticate of Status ified Copy Ittional Copy is losed)
Mailing Address Amendment Section		Street Address Amendment Sec	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
WILLISTON HS VOLLEYBALL BOOSTER CL	LUB INC	
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corpo	ration adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new viation "Corp." or "Inc."
B. Enter new principal office address, if applica	CATHERINE DAVIS	
(Principal office address MUST BE A STREET A		
	WILLISTON, FL 32696	
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or reginew registered agent and/or the new registered	stered office address in Florida, enter the nan	ne of the
Name of New Registered Agent:	CATHERINE DAVIS	
	19144 NW 160TH AVENUE	
New Registered Office Address:		
	WILLISTON (City)	. Florida 32696 (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		1821 JU

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	V Mike	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	JENNIFER DOLA	6730 SE 135TH MORRISTON, FL 32668
x Remove  2) Change Add	<u>VP</u>	DONNA HATCHER	444 NW MAIN ST WILLISTON, FL 32696
X	<u>SEC</u>	NANCY ROBINSON	3451 NW 187TH CT WILLISTON, FL 32696
4) Change Add	TREA	SUSAN BULLOCK	18050 NE 55TH WILLISTON, FL 32696
* Remove  5) Change  Add	<u>P</u>	CATHERINE DAVIS	19144 NW 160TH AVE WILLISTON, FL 32696
Remove  6) Change  x     Add	VP	TISHA GEIGER	2830 NE 180TH AVE WILLISTON, FL 32696
(attach additional s	theets, if necessar		FI 32696
ADD SEC ANGELA	BROOKS	547 NW 3RD AVENUE WILLISTON.	rL 32070

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The date of each amendment(s) adoptio date this document was signed.	n:	, if other than the
Effective date if applicable:		
and it apparents.	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
<u>Note:</u> If the date inserted in this block document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	t be listed as the
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.

adojnec	by the board of directors. $6 - 16 - 2021$ Dated
	11 K2 Q'2
	(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)
	CATHERINE DAVIS
	(Typed or printed name of person signing)

(Title of person signing)

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