N15000000180

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TO: Amendment Section Division of Corporations

JEAN RIBAUL NAME OF CORPORATION:	T HIGH SCHOOL B	OOSTER CLU	3 INC
N15000000180			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following	;;	
Ronnie Johnson			
	(Name of Contac	t Person)	
JEAN RIBAULT HIGH SCHOOL BOOSTER	CLUB INC		
	(Firm/ Comp	any)	
3701 Winton Drive			
	(Address)	
Jacksonville, FL 32208			
	(City/ State and Z	Lip Code)	
ribaulttrojanboosterclub@gmail.com			
E-mail address: (to be	used for future annual	report notification	on)
For further information concerning this matter, p	lease call:		
Ronnie Johnson		202	6964676
(Name of Contact Pe	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Flori	da Department o	f State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Sta		Certi by is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address Amendment Section		Street Address Amendment Sec	etion _

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

JEAN RIBAULT HIGH SCHOOL BOOSTER CLUB INC

(Name of Corporation as currently filed with the Florida D	Dept. of State)
N15000000180	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s. this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
NOT APPLICABLE	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	NOT APPLICABLE
(Principal office address MUST BE A STREET ADDRESS)	707
	2027 SEP -3
C. Enter new mailing address, if applicable:	NOT APPLICABLE
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
D. If amonding the registered upont and/or registered office	anddress in Florida, enter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
Name of New Registered Agent: NOT APF	PLICABLE
New Registered Office Address:	(Florida street address)
The Register Cu Office Hith Can.	
	, Florida
	(city) (my sine)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: mith and accept the obligations of the position.
Six	quature 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	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>CFO</u>	ZENOVIA WILLIAMS	3222 SEINE DRIVE JACKSONVILLE, FL 32208
 X Remove 2) Change X Add 	<u>s</u>	VIRGINIA WHITE	94 VIVIAN JAMES DR ST AUGUSTINE, FL 32092
Remove Change X Add Remove	CFO	TERRI GRIFFIN	11525 BRIAN LAKES DRIVE JACKSONVILLE, FL 32221
4) Change Add	<u>T</u>	JOI BRINSON	6595 CEDRO CT JACKSONVILLE. FL 32244
Remove 5) Change X Add	<u>c</u>	GEROLD WATSON	5857 GASPAR CIRCLE N JACKSONVILLE, FL 32219
Remove 6) Change X	<u>C</u>	LAISHA DEMPS	6643 CRYSTAL RIVER ROAD E JACKSONVILLE. FL 32219
Remove E. If amending or adding	g additional Arti	cles, enter change(s) here:	
(attach additional shee	is, if necessary).	(Be specific)	
	·		

Effective date if applicable: JULY 1, 2020 (no more than 90 days after amendment file date)	
The date of each amendment(s) adoption: JULY 1, 2020 date this document was signed.	, if other than the
	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 8/1/2020
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)
RONNIE JOHNSON
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)