N1500000/489

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: (All today and gave permission to Check the Adoption Amendment Box. 10-2-15

Office Use Only





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OCT 05 2015 C MCNAIR

JUN 3 0 2015 C MCNAIR



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2015

KELLY HODGER P.O. BOX 352417 PALM COAST, FL 32135

SUBJECT: FLAGLER FOOTBALL & CHEER ASSOCIATION, INC.

Ref. Number: N15000001489

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 715A00019362

Division of Comparations D.O. DOV 6207 Wellaharasa Florida 20214

COVER LETTER

TO: Amendment Section Division of Corporations	· ·		
		111.01/2	
NAME OF CORPORATION:	K fWI	sv1/+CHee	Line
	2000110	O	, -
DOCUMENT NUMBER: ///> //	1000178	7	
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
BBBA MB		TARA PER	PKING
	(Name of Contact Person	1)	5
/	•	,	907-
	(Firm/ Company)		
P.O 3529	117		
	(Address)		- 2
PAIM CCA	8T, FL	32/35	
,	(City/ State and Zip Cod	e)	
Into a	flooks	falans. (EM
E-mail address: (to be use	d for future annual report	notification)	
For further information concerning this matter, please	e call:	286 264	2366
SANGEL PROMINE AND	, (TOOK AMO &	TO TO
(Name of Contact Person	n) at (Ai	rea Code) (Daytime Telepl	hone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:	
\$35 Filing Fee \$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
Certificate of Status		Certificate of Status	
1	(Additional copy is	Certified Copy	
	enclosed)	(Additional Copy is Enclosed)	
Mailing Address	Street	Address	
Amendment Section	Amend	lment Section	
Division of Cornorations	Divisio	on of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Flactor Francisco	thall ! Cheer Association, INC
1 Jugikik F DO	currently filed with the Florida Dept. of State)
(Name of Corporation as	
	7000001489
(Document	t Number of Corporation (if known)
	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 con	rporation: 平
SIANIER Y	Asters, Inc.
	orporation" or "incorporated" or the abbreviation "Corp for Mc
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(RESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
•	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of the	
Name of New Registered Agent;	
New Registered Office Address:	(Florida street address)
	71 · 1
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
I nerve, accept the appointment as registered agent.	. am jamman min and decept me songanom of me position.
	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: \underline{X} Change \underline{X} Remove \underline{X} Add	$\underline{\mathbf{V}}$ $\underline{\mathbf{M}}$ il	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	2	TRACY RISBY	
Add			
2) Change		DARREL HMAS	
Add Remove 3)Change	7	Welder Ryan	
Remove 4) Change	D	RCHLin Ryan	
Add Remove	P	GARY PERKIND	309 M: AVE unit 302 BUNNEIL, FL 32/10
Add Remove	VP_	God Peckins	
Change Add Remove	·		

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.

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Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	2	CHOR	le Walthy	<u> </u>
Remove 2) Change	1	MICHA	il was this to	
Remove 3) Change		Adelia	Defalco	
Remove 4)Change		Amaro	A HARRIS	
Remove 5) Change		PRET	ese 2 AWis	
Add Remove	-			
6) Change				
Add			Page 2 of 4	

ZA

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
ARTICLE VII DISSOLUTION Section 7.1 Upon dissolution of the organization, assets shall be distributed for one
or more exempt purposes within the meaning of the Internal Revenue Code at Section 501(c)(3) and all current
and future corresponding sections if any him federal tax ride cx small
ARTICLE IX CONFLICT OF INTEREST FFCA is a nonprofit, tax-exempt organization. Maintenance of its tax-exempt
status is important both for its continued financial stability and for public support. Therefore, the IRS as well as state
regulatory and tax officials view the operations of FFCA as a public trust, which is subject to scrutiny by and
accountable to such governmental authorities as well as to members of the public. Consequently, there exists between
FFCA and its board, officers, and volunteers and the public a fiduciary duty, which carries with it a broad and unbending duty
of loyalty and fidelity. The board, officers, and volunteers have the responsibility of administering the affairs of FFCA
honestly and prudently, and of exercising their best care, skill, and judgment for the sole benefit of FFCA. Those persons
shall exercise the utmost good faith in all transactions involved in their duties, and they shall not use their positions
with FFCA or knowledge gained there from for their personal benefit. The interests of the organization must be the
first priority in all decisions and actions.
Acticle VIL Disselvian (con.T)
disterbied to THE FEDERAL QUERMENT CKTUA
State ca kant queenment for A phic pape. Any
Suit ASSET NT disposed of sixtle be disposed of
by A CERT CF CEMPETERS INRISDICTION IN THE CONTR

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	June 10, 2015.
1 1	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) aval.
There are no members or meadopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
. Dated	6.10.15.
Signature	Killythalser
have not b	airman or vice effarman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or a appointed fiduciary by that fiduciary)
	TRACY Rigby (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)