

N15000009471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

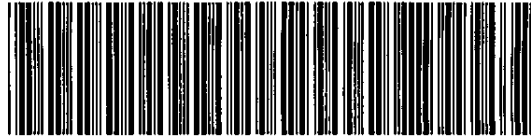
(Business Entity Name)

(Document Number)

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16 OCT 17 PM 3:08
RECEIVED
DIVISION OF CORPORATIONS
SECRETARY OF STATE

OCT 17 2016
C McNAIR

SEP 22 2016
C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

CARRIE KLINEFELTER
540 S HERCULES AVE
CLEARWATER, FL 33764

SUBJECT: CHS SOFTBALL BOOSTER CLUB INC
Ref. Number: N15000009471

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 17 PM 3:08

We have received your document for CHS SOFTBALL BOOSTER CLUB INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 016A00020405

RECEIVED
16 OCT 17 PM 12:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
DIVISION OF STATE
CORPORATIONS
16 OCT 17 PM 3:08

NAME OF CORPORATION: CHS Softball Booster Club Inc *

DOCUMENT NUMBER: N15000009471

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

Please return all correspondence concerning this matter to the following:

Carrie Klinefelter

(Name of Contact Person)

(Firm/ Company)

540 S Hercules Ave

(Address)

Clearwater, FL 33764

(City/ State and Zip Code)

carrie.klinefelter@gmail.com

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

For further information concerning this matter, please call:

Carrie Klinefelter

727

647-7974

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 17 PM 3:08

CHS Softball Booster Club Inc

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

N15000009471

(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:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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

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>VP</u>	<u>John Klinefelter</u>	<u>1956 Meadow Dr</u>
<input type="checkbox"/> Add			<u>Clearwater, FL 33763</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Deborah Bay</u>	<u>1932 Meadow Dr</u>
<input checked="" type="checkbox"/> Add			<u>Clearwater, FL 33763</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>Sec</u>	<u>Tina Hull</u>	<u>2212 Cypress Point Drive West</u>
<input checked="" type="checkbox"/> Add			<u>Clearwater, FL 33763</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>Treas</u>	<u>Stacey Saul</u>	<u>1946 Brookstone Way</u>
<input checked="" type="checkbox"/> Add			<u>Clearwater, FL 33760</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

August 30, 2016

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

September 14, 2016

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 September 14, 2016

+ Signature Carrie Klinefelter
(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)

Carrie Klinefelter

(Typed or printed name of person signing)

President

(Title of person signing)