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COVER LETTER

TO: Amendment Section Division of Corporations

IHS R	tam Music Boosters, Inc.		
N1700000 DOCUMENT NUMBER:	1660		
The enclosed Articles of Amendment		ıg.	
Please return all correspondence conce			
,	Ben Patz		
	(Name of Co	ntact Person)	
	RENOSI. I	nc.	
	(Firm/ C	ompany)	
	3554 W Orange Country C	Hub Dr. Suite 140	
	(Add	lress)	
	Winter Garden, 1	T. 34787	
	(City/ State a	ind Zip Code)	
	rambandihs@gr	naileom	
F-mail addi	ress: (to be used for future ar		on)
			,
For further information concerning this	s matter, prease can.		
Ben Patz		866 at	936-6209
(Name of	Contact Person)) (Daytime Telephone Number)
Enclosed is a check for the following:	imount made payable to the	Florida Department c	f State:
	5 Filing Fee & \$\Bigcup \\$43.75 Filed Certified Certified (Additional enclosed)	Topy Cer al copy is Cer (Ad	.50 Filing Fee afficate of Status affied Copy ditional Copy is closed)
Mailing Address		Street Address	
Amendment Section	·	Amendment Se	

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

Articles of Amendment to Articles of Incorporation of

IHS Ran	n Music Boosters, Inc.	
(Name of Corporation as cu	urrently filed with the Flor	ida Dept. of State)
?	N17000001660	
(Document N	Number of Corporation (if ki	iown)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	<u>poration:</u>	
Interlachen High School Performing Arts, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	l" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	UESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida ffice address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	londu street addressi
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accep	t the obligations of the position.
	Signature of New Regi.	stered 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 I V Mike SV Sally S	Jones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	P	Catherine Irizairy	126 N County (13)= Interlanchen ; FL 32118
2) Change Add	<u>S_</u>	Betsaila Calvo	136 N. Courty Rd 315 Interlaction, FL
Remove	<u>P.</u>	Roxanne Chilson	3.2148 136 N. Courty Rd 315 Exterliaben FL 32148
4) Change Add Remove	1	Michelle Duniels	126 Nr. Couty Rd 315 Exterlachen FL 32148
5) Change Add Remove	<u>S</u> _	Kimberly Hun Chavira-Quintero	Laterlachen, FL Esterlachen, FL 32148
6) Change Add Remove			

If amending or adding additional attach additional sheets, if necessar	y). (Be speciji	C)				
						
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The date of each amendment(s) adoption:	, if other than the
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 dat document's effective date on the Department of State's records.	e will not 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 was/were sufficient for approval.	mt(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.	ste
Signature A character (
(By the Chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
Roxanne Chilson (Typed or printed name of person signing)	_
President (Title of person signing)	
(1 life of below signing)	