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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	JUN 2 9 2017 S. YOUNG					
Office Use Only						

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Triton Athletic BOOSTERS, Inc.

N 17000004259 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

James LoCascio

(Name of Contact Person)

Triton Athletic Boosters, Inc.

(Firm/ Company)

1502 SW 52nd Lane

(Address)

Cape Coral, FL 33914

(City/ State and Zip Code)

JimLoC@ ComCast. n.e.t E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIM LOCGSCID (Name of Contact Person)

at 239 940-1476 (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

⊠ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)

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

Certified Copy (Additional Copy is Enclosed) Street Address Amendment Section

Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

Ai	rticles of Amendmen	t		
	to			
Art	ticles of Incorporation)n		
Triton Athletic Boster	or 5. Inc.			
(Name of Corporation as cu	rrently filed with th	e Florida Dept. of State)		
N1700004259				
	umber of Corporation	n (if known)		
ursuant to the provisions of section 617,1006, Florida St nendment(s) to its Articles of Incorporation:	atutes, this <i>Florida</i> N	<i>lot For Profit Corporation</i> ad	opts the fo	ollowing
. If amending name, enter the new name of the corp	oration:			
				The new
ame must be distinguishable and contain the word "corj Company" or "Co." may not be used in the name.	poration" or "incorp	orated" or the abbreviation "		
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>)			
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
			· · · ·	
		· ·		:5
If amonding the accistored event and/on variationed	- Maria - Antonia (n. 13)-			(.)
 If amending the registered agent and/or registered new registered agent and/or the new registered officiency 		orida, enter the name of the		21
				م م
<u>Name of New Registered Agent:</u>				<u></u>
		<u> </u>		
<u>New Registered Office Address:</u>		(Florida street address)		
		, Florida	<u> </u>	
	(City)	(Zip Ce	nde)	

Signature of New Registered Agent, if changing

Page 1 of 4

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: <u>X_</u> Change <u>X</u> Remove <u>X</u> _Add	<u>V</u> <u>Mike</u>	<u>: Doe</u> <u>c Jones</u> <u>7 Smith</u>	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change Add Remove	P	James LoCascio	1502 SW 522 Lane Cape Coral, FL 33914
2) Change Add		Robert Cato	920 NUV 9th St. Cape Coral, FL
Remove 3) Change Add	T	Stephanie Meredith	33993 1405 5E 21 ^{5t} Lane Cape Coral, FL
4) Remove 4) Change Add Remove	<u> </u>	Lisa Cato	33990 420 NW 974 57. Cape Coral, FL 33993
5) Change Add Remove			
6) Change Add Remove			
		Page 2 of 4	

	icles, enter change(s) here: (Be specific)
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The date of each amendment(s) adoption: May 22, 2017 date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONF</u>)	
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 June 20, 2017	
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 tiduciary by that fiduciary)	
James LaCascio	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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