N1700000 H259

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TO: Amendment Section Division of Corporations		
Triton Athletic Boosters, In NAME OF CORPORATION:		
N17000004259 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted f	ior filing.	
Please return all correspondence concerning this matter to the	e following:	
Scott Sanders		
(Name	e of Contact Person)	
Trition Athletic Boosters, Inc.		
(F	'irm/ Company)	
14271 Sandarac Drive		
	(Address)	_
Bokeelia, FL 33922		
(City/	State and Zip Code)	
scottalansanders@gmail.com		
E-mail address: (to be used for fut	ure annual report notification)	
For further information concerning this matter, please call:		10 12 11 22
Scott Sanders	239 288 9687 at	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to	o the Florida Department of State:	
(Add	.75 Filing Fee &□\$52.50 Filing Feeified CopyCertificate of Statusditional copy isCertified Copylosed)(Additional Copy is Enclosed)	
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Triton Athletic Boosters, Inc

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

(Document 8	Sumber of Corporation (if kn	own)
ursuant to the provisions of section 617.1006, Florida S nendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following
. If amending name, enter the new name of the corp	ooration:	
		The ne
ame must be distinguishable and contain the word "cor <u>Company" or "Co." may not be used in the name</u> .	poration" or "incorporated	" or the abbreviation "Corp." or "Inc.
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
		· · ·
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		رت. رت. 10.0
		······································
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		enter the name of the
Name of New Registered Agent:		
	(Flo	rida street address)
Man Danietarad Offica Addamad		
<u>New Registered Office Address</u> :		. Florida

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John E</u> <u>V Mike J</u> <u>SV Sally S</u>	ones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	P	Robert Cato	920 NW 9th St
Add			Cape Coral, FL
x Remove			33993
2) Change	<u>s</u>	Lisa Cato	920 NW 9th St
Add			Cape Coral, FL
X Remove			33993
) Change	S	Scott Sanders	14271 Sandarae Dr
X Add			Bokeelia, FL
Remove			33922
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: date this document was signed.

Effective date if applicable:

Dated

(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 tiling 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.

10/10/2018

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)

Scott A Sanders

(Typed or printed name of person signing)

Secretary

(Title of person signing)