

N 18000000 4481

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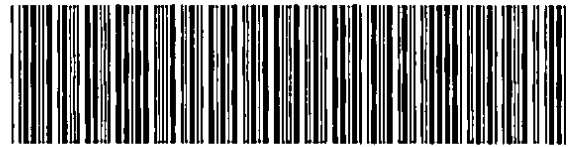
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: OAX Cares Booster Club, Inc

DOCUMENT NUMBER: N18000004481

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

Please return all correspondence concerning this matter to the following:

Tiffany Travline

(Name of Contact Person)

OAX Cares Booster Club, Inc.

(Firm/ Company)

1520 NE 49th Avenue

(Address)

Ocala, Florida 34470

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Tiffany Travline	270	312-5676
(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:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

OAX Cares Booster Club, Inc.

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

N18000004481

2019 FEB 11 PM 2:40

(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:

1520 NE 49th Ave

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

Ocala, FL 34470

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:

Tiffany Travline

1520 NE 49th Ave

(Florida street address)

New Registered Office Address:

Ocala

(City)

Florida 34470

(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.

Tiffany Travline

Signature of New Registered Agent, if changing

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

N/A

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>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u> </u> Change	<u>P</u>	<u>Cyndi Gonzalez</u>	<u>7099 SE 22nd Ave</u>
<u> </u> Add			<u>Ocala, FL 34480</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>P</u>	<u>Tiffany Travline</u>	<u>1520 NE 49th Ave</u>
<u>X</u> Add			<u>Ocala, FL 34470</u>
<u> </u> Remove			
3) <u> </u> Change	<u>V T</u>	<u>Bekki Koppenhafer</u>	<u>628 SE 24th Street</u>
<u> </u> Add			<u>Ocala, FL 34480</u>
<u>X</u> Remove			
4) <u> </u> Change	<u>S</u>	<u>Toniann Dreggors</u>	<u>14197 SE 60th Ave</u>
<u>X</u> Add			<u>Summerfield, FL 34491</u>
<u> </u> Remove			
5) <u> </u> Change	<u>N/A</u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u>N/A</u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

N/A

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

02/08/2019

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 02/08/2019 _____

Signature Tiffany Travline
(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)

Tiffany Travline

(Typed or printed name of person signing)

President

(Title of person signing)