## N/8000006508

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



300323214703

01/14/19--01029--020 \*\*43.75



## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:   | KER ATHLETIC BOOSTERS INC.  |
|--|---|
| DOCUMENT NUMBER: W18000  | 00 6508   |
| The enclosed Articles of Amendment and fee are submi             | itted for filing.   |
| Please return all correspondence concerning this matter          | to the following:   |
|  | Daviel Butler   |
| (  | Name of Contact Person)   |
| <b>土の</b> A  | BAKER HIGH SCHOOL (Firm/Company)  |
|  | (Firm/ Company)   |
| 3000 A   | AGUALINDA BLVD.   |
| 3,00 2   | (Address)   |
|  | (Auditos)   |
| CARE   | (Address)  City/ State and Zip Code)  City/ State and Zip Code)  Code Schools, net  Code |
| <u> </u>   | City/State and Zin Code)  |
| (1   | City/ State and Zip Code)   |
| T : 100  | <u> </u>  |
| E-mail address: (to be used f                                    | e eschools, net for future annual report notification)  |
|  |   |
| For further information concerning this matter, please ca        | all:  |
|  |   |
| JAMES LOGAN  | at <u>730</u> <u>883 - 72.89</u><br>(Area Code) (Daytime Telephone Number)  |
| (Name of Contact Person)   | (Area Code) (Daytime Telephone Number)  |
| Enclosed is a check for the following amount made pays           | while to the Florida Donartment of State:   |
|  |   |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee   |
| f Certificate of Status  | Certified Copy Certificate of Status  |
|  | (Additional copy is Certified Copy  |
|  | enclosed) (Additional Copy is   |
|  | Enclosed)   |
| Mailing Address  | Street Address  |
| Amendment Section  | Amendment Section   |
| Division of Corporations   | Division of Corporations  |
| P.O. Box 6327  | Clifton Building  |
| Tallahassee, FL 32314  | 2661 Executive Center Circle  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| TOA BAKE   | R ATHLETIC                           | BOUSTERS INC.  |
|--|--------------------------------------|--|
| (Name of Corporation as curren   | tly filed with the Florida D         | ept. of State)   |
| N1800  | 000 6508                             |  |
|  | er of Corporation (if known)         |  |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For Prof</i> | fit Corporation adopts the following   |
| A. If amending name, enter the new name of the corporati   | i <u>on:</u>                         |  |
|  | NIA                                  | The new  |
| name must be distinguishable and contain the word "corporal  | tion" or "incorporated" or t         | 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)  | )                                    |  |
| · • • • • • • • • • • • • • • • • • • •  | NA                                   |  |
|  |                                      | <u> </u>   |
|  |                                      | <u> </u>   |
| C. Enter new mailing address, if applicable:   |                                      |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                      |  |
| · · · · · · · · · · · · · · · · · · ·  |                                      | <u> </u>   |
|  | NIA                                  |  |
|  |                                      | in the second se |
|  |                                      | ` .  |
| D. If amending the registered agent and/or registered office   | ce address in Florida, enter         | the name of the  |
| new registered agent and/or the new registered office a  | ddress:                              |  |
| Maria CN - Declaration   |                                      |  |
| Name of New Registered Agent:  | . 1                                  |  |
|  | N/A                                  |  |
|  | (Florida si                          | treet address)   |
| New Registered Office Address:   |                                      |  |
|  |                                      | , Florida  |
|  | (City)                               | (Zip Code)   |
|  | ·                                    | ·  |
| New Registered Agent's Signature, if changing Registered   |                                      |  |
| I hereby accept the appointment as registered agent.—I am fai  | miliar with and accept the ob        | bligations of the position.  |
|  | Nu                                   |  |
|  | ignature of New Registered 2         | 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 titic:

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 |              | Doe<br>Jones<br>Smith |   |
|-----------------------------------|--------------|-----------------------|---|
| Type of Action<br>(Check One)     | <u>Title</u> | <u>Name</u>           | <u>Addreş</u> s                                 |
| 1) Change Add Remove              | D            | DANIEL Dutler         | 3500 AGUAYNOA  TUVO CAPEGONI!  TL. 339/4=       |
| 2) Change Add Remove              |              | Cinoy Otto            | BLVD Capetaral,                                 |
| 3) Change Add Remove              |              | JAMI COSET            | 3500 Alguaciosa<br>BLVD Cape Coral<br>FL 33914  |
| 4) Change Add Remove              | P            | JAMES LOGAN           | BLVD. Cape Consc<br>GL. 33914                   |
| 5) Change<br>Add<br>Remove        |              | PAULA CARTER          | 3500 AGUACINDA<br>BLVD. Cape Cine,<br>El. 33914 |
| 6) Change Add Remove              | 24           | Donnill of Anno       | 3500 AGUACINDA<br>BLVD ape Care,<br>FL. 33914   |

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: XChange X Remove X Add |              | <u>Doe</u><br><u>Jones</u><br><u>Smith</u> |                                    |
|---------------------------------|--------------|--|------------------------------------|
| Type of Action<br>(Check One)   | <u>Title</u> | Name                                       | <u>Addres</u> s                    |
| Change Add Remove               | <u> </u>     | STACY EDWARDS                              | BLVD. Cape Conse<br>Fl. 33914      |
| 2) Change Add                   | S            | CHRISTY ELLIS                              | 3500 AGUACINDA<br>BLYD, Cape Consc |
| Remove 3) Change Add            |              |  | FL. 33914                          |
| Remove 4) Change Add Remove     | <del></del>  |  |                                    |
| 5) Change Add Remove            |              |  |                                    |
| 6) Change Add Remove            |              |  |                                    |

| E. <u>If amending or adding additional Art</u>                                       | icles, enter change(s) here: |                                       |                                       |   |
|--|------------------------------|---------------------------------------|---------------------------------------|---|
| E. If amending or adding additional Art<br>(attach additional sheets, if necessary). | (Be specific)                |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  | <del></del>                  | · · · · · · · · · · · · · · · · · · · |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       | · · · · · · · · · · · · · · · · · · · |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
| -  | <del></del>                  | · · · · · · · · · · · · · · · · · · · |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       | <del> </del>                          |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       | ·                                     |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
| <u>.</u>   | <del>.</del>                 |                                       |                                       |   |
|  |                              |                                       | 2019                                  |   |
| *  | •                            |                                       |                                       | i |
|  |                              |                                       | JAN                                   |   |
|  |                              |                                       | 57.4                                  | ï |
|  |                              |                                       | <del></del>                           |   |
|  |                              |                                       | 1, 6 0                                | - |
|  |                              |                                       |                                       | • |
|  |                              |                                       |                                       |   |
|  |                              |                                       | <u> </u>                              |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |
|  |                              |                                       |                                       |   |

| The date of each amendment                           |  | , if other than the                              |
|--|--|--|
| date this document was signed.                       |  |  |
| Effective date <u>if applicable</u> :                | 12-20-2018   |  |
|  | (no more than 90 days after amendment file   | e date)  |
|  | his block does not meet the applicable statutory filing require Department of State's records.   | uirements, this date will not be listed as the   |
| Adoption of Amendment(s)                             | ( <u>CHECK ONE</u> )   |  |
| The amendment(s) was/w<br>was/were sufficient for ap | rere adopted by the members and the number of votes cas<br>oproval.  | st for the amendment(s)                          |
| ☐ There are no members or adopted by the board of d  | members entitled to vote on the amendment(s). The ame  | endment(s) was/were                              |
| Dated  | 2-20-2018  |  |
| Signature  | chairman or vice chairman of the board, president or off   | of IDA BAKE ATHLETIC                             |
| ,  | chairman or vice chairman of the board, president or off<br>not been selected, by an incorporator – if in the hands of a<br>court appointed fiduciary by that fiduciary) | her officer-if directors a receiver, trustee for |
|  | James Logan (Typed or printed name of person si  |  |
|  | (Typed or printed name of person si  |  |
|  | PRESIDENT  |  |
|  | (Title of person signing)  | ·  |