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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ASDC Starlight Boos	ster Club, Inc.		
DOCUMENT NUMBER:	N19000001929			
The enclosed Articles of Am		nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Gina Marshall				
		(Name of Contact Pers	un)	
		(Firm/ Company)		
9827 Poplar Place				
		(Address)		14 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
Orlando, Florida 32827				
		(City/ State and Zip Co	de)	
gam0719@aol.com				
i.	-mail address: (to be used	for future annual repor	t notification)
For further information cond	erning this matter, please	call:		
Gina Marshall		7 at	32	236-5069
	(Name of Contact Person)		\rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	yable to the Florida De	partment of	State:
☐ \$35 Filing Fcc	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ASDC Starlight Booster Club, Inc.

(Name of Corporation as currently filed with the Flor N19000001929	rida Dept. of State)	
	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Prof</i> i	it Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
AKA Renegade Dance Booster Club, Inc.		The new
name must be distinguishable and contain the word "con" (Company" or "Co." may not be used in the name	rporation" or "incorporated" or th	
B. Enter new principal office address, if applicable:	2651 Giardino Loop	(S)
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS) Kissimmee, Fl 34741	a oc
		- - -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9827 Poplar Place	PHI
.,	Orlando, Fl 32827	. 25
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ffice address:	the name of the
Name of New Registered Agent: Cou	artney Kaye Kirby	
265	l Giardino Loop	
New Registered Office Address:		reet address)
Kiss	simmee 	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I describe the appointment as registered agent.		

and address of each O (Attach additional sheet Please note the officer/o P = President; V = Vice	fficer and/or D ts, if necessary) director title by President; T= 0 = Chief Finance	irector being added: the first letter of the office title: Treasurer; S= Secretary; D= Direc, cial Officer. If an officer/director ha	each officer/director being removed and title, name, tor; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office
	eaves the corpor	ration, Sally Smith is named the V ar	isted as the PST and Mike Jones is listed as the V. There is ad S. These should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doc ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	FCHA	Monika Gargagliano	9980 Cypress Vine Drive Orlando, Fl 32827
2) Change Add	<u>S</u>	Melissa Davis	9760 Loblotty Pine Circle Orlando, Fl 32827
* Remove 3) Change Add * Remove	<u>Tı</u>	Belinda Villafanc	3150 Harvest Lane Kissimmee, Fl 34744
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		Articles, enter change(s) here: y). (Be specific)	
All reference to ASDC	_		WEGADE. ALL PEFERENCE TO
AU-STAR D REPLACED W			BOOSTER CLUB, INC. IS CADEMY RENEGADE DANCE BOOSTER

CLUB, INC. ALL REFERENCE TO ASDC OR ALL- STAR

DANCE COMPANY IS REPLACED WITH AKA OR

ANNE	KAYE	ACADEMY	OF	DANCE.	6	
						
		,				
						
-		· · · · ·				
						,
The date of each date this documen	amendment(s t was signed.) adoption:				_, if other than the
Effective date <u>if a</u>	applicable:	(no more the	an 90 days	after amendment file	date)	
		block does not meet t Department of State's		ole statutory filing req	uirements, this date will not	be listed as the
Adoption of Ame	ndment(s)	(CHECK	ONE)			
	ent(s) was/wer ficient for appr		bers and th	e number of votes cas	st for the amendment(s)	

Dated	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				
Signature					
	other court appointed fiduciary by that fiduciary) Gina Marshall				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.