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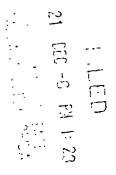
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T. LEMIEUX DEC 17 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Spa	ce Coast	Vorh	Hockey	Booster	,Inc.
,		/	/		
DOCUMENT NUMBER: <i>\(\mathbb{N}\)\(\text{D}\)\(\text{O}\)\(\text{O}\)</i>	0011323				
The enclosed Articles of Amendment and	fee are submitted f	or filing.			
Please return all correspondence concernin	g this matter to the	following:			
Jud	M Stra	vb			
	(Name	of Contact Pers	son)	<u> </u>	
Space Coast	York 1	Lockey E	Booster	Inc.	
•	, (F	irm/ Company)			
1212 Maynolia	Drive, -	Ind ala	nte.	E B	
7	· · · · · · · · · · · · · · · · · · ·	(Address)			
Indialantic,	F2 3	2903			
	(City/	State and Zip Co	ode)		
Straub	dani @ a	gmuil.cor	n		
E-mail address:	(to be used for full	ure annual repo	ort notification)	r	
For further information concerning this ma	tter, please call:				
Judith Strach (Name of Con		at	(32)	1)693-	5732
(Name of Con	tact Person)	(Area Čode)	(Daytime Telep	hone Number)
Enclosed is a check for the following amou	ınt made payable t	o the Florida D	epartment of S	tate:	
\$\$35 Filing Fee \$\Bar{\text{\$\sigma}\$\$\$ \$43.75 Filing Fee Certificate	of Status Cert (Add	75 Filing Fee & ified Copy ditional copy is losed)	Certifie Certifie	onal Copy is	
Mailing Address		Stre	et Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



November 30, 2021

JUDITH STRAUB 1212 MAGNOLIA DR INDIALANTIC, FL 32903

SUBJECT: SPACE COAST YOUTH HOCKEY BOOSTER INC.

Ref. Number: N21000011323

We have received your document for SPACE COAST YOUTH HOCKEY BOOSTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 721A00028764

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

CO DO DOVIGOR BUILDING

Articles of Amendment to

Articles of Incorporation of

_ Souce Coast Your Hakey Boster, Inc.			
(Name of Corporation as currently filed with the Florida Dept. of State)			
N21000011323			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporatio</i> amendment(s) to its Articles of Incorporation:	m adopt	s the fo	llowing
A. If amending name, enter the new name of the corporation:			
		7	he new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviate "Company" or "Co." may not be used in the name.	ion "Cor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			<u>_</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	•	21	
	:+ ·	<u> </u>	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	<u>the</u>	0-0	<u> </u>
Name of New Registered Agent: Jennifer Baum 1479 Tipperary Drive	7.	≅	\Box
1479 Tipperary Drive) -	دع دي	
(Florida street address) New Registered Office Address: AA . II		7-	
- Melhovne Flo	rida <u> </u>	529)	40
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 t	he positi	on.	
Signature of New Registered Agent I chang	ging		\

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	PT John V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		Jennifer Braun	1479 Tiffeary Drive Melbarni, FL 32940
Remove 2) Change Add		Jennifer Baum	1479 Apperary Drive Mellowine, FU 32940
Remove	·		
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional she		rticles, enter change(s) here: (Be specific)	

	, , , , , , , , , , , , , , , , , , ,	
		
		
-		
		
		
The date of each amendment(s) adoption date this document was signed.	DH:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	bes not meet the applicable statutory filing requirements, this date will not beent of State's records.	oe listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

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	
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)	_
(Typed or printed name of person signing)	