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Amond C.COULLIETTE

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EXAMINER

09 MAR ~9 PM 3: 25 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION: Mandarin Hi	gh School Band Boosters, Ir	nc
DOCUMENT NU	MBER: N42550		
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
Dav	n Cooper		· · · · · · · · · · · · · · · · · · ·
	(Name	of Contact Person)	
 -	(Fi	rm/ Company)	
<u>103</u>	59 Huntington Forest	(Address)	
<u>Jac</u>	ksonville, FL 32257		
For further informa	City/ S ation concerning this matter,	tate and Zip Code) please call:	
Dawn Cooper (Name	e of Contact Person)	at (386) 931-489 (Area Code & Daytime	
Enclosed is a check	k for the following amount n	nade payable to the Florida De	partment 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)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Mandarin High Sc (Name of Corporation as currently	hool Band Boosters, Ir filed with the Florida Dept. or	
	N42550	
	of Corporation (if known)	_
tursuant to the provisions of section 617.1006, Floring following amendment(s) to its Articles of Incorporate following amendment following		or Profit Corporation adop
. If amending name, enter the new name of the	corporation:	
he new name must be distinguishable and contain bbreviation "Corp." or "Inc." "Company" or "Comp		
3. Enter new principal office address, if applicab		TAPE 09
Principal office address <u>MUST BE A STREET AL</u>	<u>DDRESS</u>)	至 第
		ASS.
		mg 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)	ين جي
(RICE
	WE STATE OF THE PARTY OF THE PA	
		
). If amending the registered agent and/or regist		, enter the name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent:		
		-
New Registered Office Address:	(Florida street address)	
	**************************************	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Rehereby accept the appointment as registered age osition.		accept the obligations of t
<u> </u>	tuma of New Pagistaned Agent :	
Signal	ture of New Registered Agent, ij	t 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)

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
(attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specific, st paragraph of Article IV and replan		
	ation is organized exclusively for cl		cientific
•	cluding, for such purposes, the mal		
•	empt organizations under section 5		
	ding section of any future code. Th		
following pur		•	
		The state of the s	

- The date of each amendmen	t(s) adoption: <u>03-08-09</u>
Effective date if applicable:	•
<u></u> -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated <u>03-</u>	08-09
Signature (* Jan (some
(B)	The chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Dawn Cooper
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

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