

197000003661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

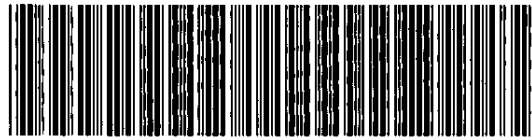
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/10--01045--028 **35.00

Amend

FILED
10 AUG 12 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 18 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2010 AUG 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 22, 2010

MARISELA BARENAS
SANTA FE BAND BOOSTERS, INC.
P O BOX 2105
ALAHUA, FL 32616-2105

SUBJECT: SANTA FE BAND BOOSTERS, INC.
Ref. Number: N97000003661

We have received your document for SANTA FE BAND BOOSTERS, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 810A00015343

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SANTA FE BAND BOOSTERS, INC

DOCUMENT NUMBER: N970000003661

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

Please return all correspondence concerning this matter to the following:

MARISELA BARCENAS
(Name of Contact Person)

SANTA FE High School / BAND
(Firm/ Company)

PO BOX 2105
(Address)

ALACHUA, FL 32616
(City/ State and Zip Code)

tobered@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARISELA BARCENAS at (352) 727-9224
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

SANTA FE BAND BOOSTERS, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

1997000003661
(Document Number of Corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: MARISELA BARCENAS

New Registered Office Address: 6917 NW 254 AVE
(Florida street address)

ALACHUA, Florida 32615
(City) (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.



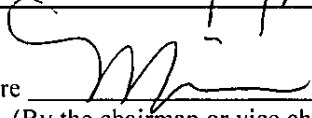
Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: June 1, 2010
(date of adoption is required)
Effective date if applicable: JUNE 1, 2010
(no more than 90 days after amendment file date)

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 6/11/10

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)

MARISOL BARCENAS
(Typed or printed name of person signing)

TREASURER
(Title of person signing)