

N97000004887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

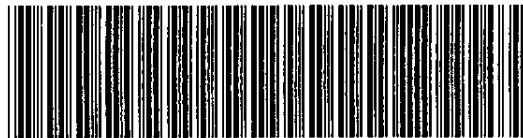
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend MC  
Lewis  
12-17-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Sickles High School Omnibus Booster Organization

**DOCUMENT NUMBER:** N97000004887

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

Please return all correspondence concerning this matter to the following:

Arleen Lewis

(Name of Contact Person)

Sickles High School Athletic Booster Club Inc

(Firm/ Company)

7950 Gunn Hwy

(Address)

Tampa Florida 33626

(City/ State and Zip Code)

shsabctreasurer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arleen Lewis

(Name of Contact Person)

at ( 813 ) 205-0441

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

The Sickles High School Omnibus Booster Organization, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N9700000487

(Document Number of Corporation (if known))

FILED  
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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:**

Sickles High School Athletic Booster Club, Inc.

*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**)

9750 Gunn Hwy

Tampa Florida 33626

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

SHSABC Inc

9750 Gunn Hwy

Tampa Florida 33626

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(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*





**Additional Officers:**

**SEC – Lisa Diciara 7950 Gunn Hwy, Tampa Florida 33626**

**VP –Finance- Kandis Dunn 7950 Gunn Hwy Tampa Florida 33626**

**AD- Kent Glover- 7950 Gunn Hwy, Tampa Florida 33626**

The date of each amendment(s) adoption: 11-19-2010  
*(date of adoption is required)*

Effective date if applicable: \_\_\_\_\_  
*(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 12-10-2010

Signature Arleen Lewis

(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)

Arleen Lewis  
(Typed or printed name of person signing)

SHSABC Treasurer  
(Title of person signing)