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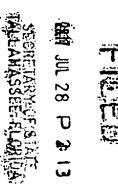
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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	restling Booster Club (of Palm Har	bor, INC.	
N98000001731 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee				
Please return all correspondence concerning the	nis matter to the follow	ing:		
Robyn Johnson				
	(Name of Con	tact Person)		
Hurricane Wrestling Booster Club of Palm Ha	arbor INC.			
	(Firm√ Co	mpany)		
1900 Omaha St				
	(Addr	ess)		· · · · · · · · · · · · · · · · · · ·
Palm Harbor, FL 34683				
	(City/ State an	d Zip Cođe)	1	
johnsontoby@pcsb.org				
E-mail address: (to	be used for future annu	ual report ne	otification	n)
For further information concerning this matter	, please call:			
Robyn Johnson		727 at		643-4024
(Name of Contac	Person)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Fl	orida Depar	lment of	State:
	Fee & Status Certified Co (Additional enclosed)	ру	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			ent Secti of Corpu	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hurrican Wrestling Booster Club of Palm Harbor, INC

(Name of Companyation	as currently filed with the Flor	ide Dont of State)
N98000001731	as currently med with the Pion	ida pept. in state)
	nent Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo.	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regis		enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:		
	810 Callista Cay Loop	
N D : 100	(Florida street address)	
New Registered Office Address:		24780
	Tarpon Springs	, Florida 34689
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	122 co
I hereby accept the appointment as registered agen	it. I am familiar with and accept	the obligations of the fastitio
-		SA N
	Signature of New Regist	ered Agent, if changing. 80
	Page Lof 4	(F=1)

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P	_	Patrick Caputo	810 Callista Cay Loop
Add				Tarpon Springs, FL 34689
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	

	he date of each amendment(s) adoption:	, if other than the
Effe	ffective date if applicable:	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	ate will not be listed as the
Ado	doption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ent(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	ere e
	Dated July 21, 2017	
	Signature	.
	(By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
	Robyn Johnson	
	(Typed or printed name of person signing)	_
	Treasurer	
	(Title of person signing)	