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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Team Parent Booster Clot
DOCUMENT NUMBER: N9900006093 The enclosed Articles of Amundment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Team Parent Booster Clob, I
4365 OKeephobee Blud #BA
West Palm Beach, F135409 (City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\text{Certificate of Status}\$ Certificate of Status \$43.75 Filing Fee & Certificate of Status (Additional copy is Certified Copy (Additional Copy Certified Copy (Additional Copy Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: ean FIRST: The name of the corporation is SECOND: Adoption of dissolution (Complete Section I or II) SECTION I If the corporation has members entitled to vote: The date of the meeting of members at which the resolution to dissolve was adopted (CHECK ONE) ☐ The number of votes cast for dissolution was sufficient for approval. The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes. SECTION II If the corporation has no members or members with voting rights: The corporation has no members or members with voting rights. The date of adoption of the resolution by the board of directors was The number of directors in office was and the vote for the resolution against. Signed this day of Signature