

# N10000001377

9/11/2015

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000219657 3)))



H150002196573ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)343-6962

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: tami.austin@gmlaw.com

### COR AMND/RESTATE/CORRECT OR O/D RESIGN OSCEOLA COUNTY SCHOOL BOARD LEASING CORPORATION

Certificate of Status	\$
Certified Copy	\$
Page Count	0%
Estimated Charge	\$35.00

RECEIVED

15 SEP 14 AM 7:27

RECEIVED  
TAMI AUSTIN  
9/11/2015 7:27 AM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 16 PM 12:41



September 15, 2015

FLORIDA DEPARTMENT OF STATE

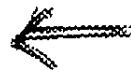
Division of Corporations

OSCEOLA COUNTY SCHOOL BOARD LEASING CORPORATION

\*\*FAX FILING\*\*GREENSPOON MARDER, P.A.\*\*

KISSIMMEE, FL 34744

SUBJECT: OSCEOLA COUNTY SCHOOL BOARD LEASING CORPORATION  
REF: N10000001377



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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) 245-6050.

Tina D Cannon  
Regulatory Specialist II

FAX Aud. #: H15000219657  
Letter Number: 415A00019400

Fax Server

9/16/2015 3:53:03 PM PAGE 1/007 Fax Server

850-617-6381

9/16/2015 10:29:50 AM PAGE 1/001 Fax Server



September 16, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OSCEOLA COUNTY SCHOOL BOARD LEASING CORPORATION  
817 BILL BECK BOULEVARD  
KISSIMMEE, FL 34744

SUBJECT: OSCEOLA COUNTY SCHOOL BOARD LEASING CORPORATION  
REF: N10000001377

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The wording is blurry and unreadable.

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) 245-6050.

Tina D Cannon  
Regulatory Specialist II

FAX Aud. #: H15000219657  
Letter Number: 215A00019502

P.O BOX 6327 - Tallahassee, Florida 32314



Articles of Amendment  
to  
Articles of Incorporation  
of

OSCEOLA COUNTY SCHOOL BOARD LEASING CORPORATION

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

N10000001377

(Document Number of Corporation (if known))

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: \_\_\_\_\_  
201 E PINE ST, STE 500  
(Florida street address)

New Registered Office Address: \_\_\_\_\_  
ORLANDO, Florida 32801  
(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

RECEIVED  
15 SEP 16 PM 4:03

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 16 PM 12:41



The date of each amendment(s) adoption: JUNE 30, 2015 if other than the date this document was signed.

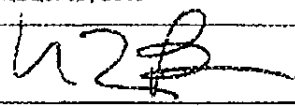
Effective date if applicable: JUNE 30, 2015  
*(no more than 90 days after amendment file date)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 SEPTEMBER 15, 2015

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)

USHER L BROWN  
(Typed or printed name of person signing)

REGISTERED AGENT  
(Title of person signing)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 16 PM 12:41