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SCHALLARY OF STATE
AND ANASSEE, FLORIBA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:A \( \subseteq \subseteq \)	x Homerhool of Southshare Inc
DOCUMENT NUMBER: N 2100	DD14423
The enclosed Articles of Amendment and fee ar	
Please return all correspondence concerning this	s matter to the following:
	(Kame of Contact Person)
	Homeshool of Southshare Inc (Firm/Company)
3116	Arrowsmith Rd (Address)
Wima	auma F2 33598 (City/State and Zip Code)
E-mail address: (to be	chomeschoolf/@gmail.com
For further information concerning this matter, p	
Mindy Bosshart (Name of Contact P	Person) at 8/3-24-0174 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	
□ \$35 Filing Fee \$2\$43.75 Filing Fe Certificate of Sta	re & D\$43.75 Filing Fee & D\$52.50 Filing Fee
Mailing Address  Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

- Anchor Homeschall	of Southshore Inc
(Name of Corporation as currently filed with the Floric	la Dept. of State)
N 21 DODD 144 23	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
NIA	The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>SS</u> )
	MARI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JUN 24
	THE REST
D. If amending the registered agent and/or registered of	office address in Florida array the second P
new registered agent and/or the new registered office	e address:
Name of New Registered Agent:	NIA
New Registered Office Address:	(Florula street address)
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	N.I.
	Signature of New Registered Agent, if changing

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: XChange X Remove X Add		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		Jennifer Huskey	13835 Moonstone (anyon De Riverview, 5-357
Remove  2) Change Add	_5_	Jamie Hudson	2420 W Shelloint Rd Ruskin, FL 33570
Remove 3) Change Add Remove	I	Andrei (otuna	10328 Yellau Buckeye Dr Riverview, Fi 33578
4) Change Add	_5_	Anna Cotuna	10328 Yellow Buckeye Or Riverview, FL 33598
Remove  5) Change Add		NIA	2022 TALL
Add		NIA	FILE PHILATION SEE F
E. If amending or additional she	ing additional A	rticles, enter change(s) here: . (Be specific)	H 2: 27
		NIA	

PILED  2002 JUN 24 PH 2: 27  TALLAMN SSEE. FLORIDA	
The date of each amendment(s) adoption:	the

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.

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)

Mindy Boshart

(Typed or printed name of person signing)

President Chairman

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

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