N92000000425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900161418159

10/13/09--01022--030 **35.00

Amend

FILED
09 OCT 28 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 28 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2009

JAMES MAY
SUNSHINE STATE TESOL
2710 TEAK PLACE
LAKE MARY, FL 32746

SUBJECT: SUNSHINE STATE TEACHERS OF ENGLISH TO SPEAKERS OF OTHER LANGUAGES (TESOL) OF FLORIDA, INC.
Ref. Number: N92000000425

We have received your document for SUNSHINE STATE TEACHERS OF ENGLISH TO SPEAKERS OF OTHER LANGUAGES (TESOL) OF FLORIDA, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate type of action for JAMES MAY as TD. ☑ AR

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours. 407-582-2047 or 407-920-6183

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 409A00033017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sunshine State Teachers of English to Speakers of Other Languages (TESOL) of Florida, Inc.

DOCUMENT NUMBER: N92000000425

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

Please return all correspondence concerning this matter to the following:

James May
(Name of Contact Person)

Sunshine State TESOL
(Firm/ Company)

2710 Teak Place
Lake Mary, FL 32746
(Address)

(City/ State and Zip Code)

Jmay@valenciacc.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James May
(Name of Contact Person)

at (407) 920-6183
(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

Sunshine State Teachers of English To Speakers of other Languages (TESOL) of Florida, Inc.

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

(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.***

FILED
09 OCT 28 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2710 Teak Place
Lake Mary, FL 32746

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:
James May

New Registered Office Address: 2710 Teak Place *(Florida street address)* Lake Mary *(City)*, Florida 32746 *(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

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)

Title	Name	Address	Type of Action
P	Cynthia M. Schuemann	7220 Rue Notre Dame Miami Beach, FL 33134	☑ Add ☐ Remove
1VP	Nora Dawkins	21300 N. Miami Ave Miami, FL 33169	☑ Add ☐ Remove
2VP	Jodi Eisterhold	1101 Clarke Blvd #409 Gainesville, FL 32606	☑ Add ☐ Remove
TD	James May	2710 Teak Place Lake Mary, FL 32746	☑ Add

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Title			
P	Ann Jackman	8057 Monserrat Pl. Wellington, FL 33414	☑ Remove
1VP	Sandra Hancock	4005 SW 26th Dr., Unit D Gainesville, FL 32608	☑ Remove

The date of each amendment(s) adoption: _____

(date of adoption is required)

Effective date if applicable: 07/01/2009

(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 10/03/2009

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)

Cynthia M. Schuemann

(Typed or printed name of person signing)

President (Past Treasurer)

(Title of person signing)