N960000007/2

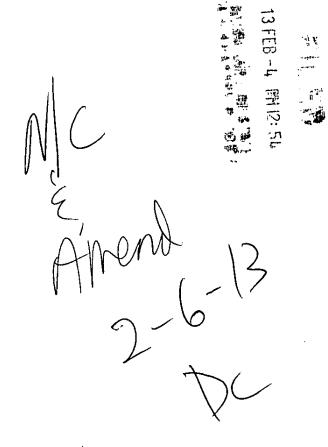
(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,





900244212179

02/04/13--01036--008 **43.75



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Seaside Community Schools, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JoHanna Girardi (Name of Contact Person)
The Seaside Playgarden (Firm/Company)
223 8th Avenue South (Address)
Jacksonville Beach FL, 3225
(City/ State and Zip Code)
juiseaside@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
<u>Katrina Hall</u> at 904, 378-3865
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\text{\$\subseteq}\$
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 Citton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Nac	000000712 K
(Name of Corporation as currently filed with the Flori	
Seaside	Community Schools, Inc.
(Document Number of Corporati	
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corporated	garden, nc. The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	n'" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	223 8th Avenue South
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville Beach, Fr 32252
	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	223 8th Avenue South Jacksonville Beach, Fr 32250
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent: Joha	anna Girardi
	8 8th Ave South
- A	Florida street address)
New Registered Office Address: Jackson	ville Blech Florida Pr 32250
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am fam Signature of New Register	iliar with and accept the obligations of the position. Great Agent, if changing
P	age 1 of 4

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	PT John E V Mike J SY Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) _ Change	PDBB	Katrina Hall	Remove
Add X Remove			
2) Change Add	TD	Coa. Julie Karman	Remove
Remove 3) Change Add Remove	<u>P</u>	Elizabeth Fullerton	715 Seminole Road Atlantic Beach, Ra 32233
4) Change Add	<u></u>	Alicia Slater	2916 Rockford Falls Dr. Jax, FL
Remove 5) Change Add	T	Tracey Glawe	32224
Remove 6) Change Add	<u> </u>	Angelica Bencono	4090 Hodges Blvd #700 Jax, Fr 32224
Remove	D	Page 2 of 4 Donnie Pellicer	1130 Tiber Ale.

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)					
	No	changes		`		
		0				•
					•	
	_				:	
						
		•				

					•	
						
		·····				
						
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
						 .
			*	· ·	· _ ·	
						·
					· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 4/3/13				
Effective date if applicable:				
(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 1/22/20/3 Signature 22				
(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)				
JoHanna Girardi				
(Typed or printed name of person signing)				
Administrator				
(Title of person signing)				