## N9600000712

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Seaside Schools Cons	ortium, Inc.		
	96000000712			
DOCUMENT NUMBER: _				
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
Melissa Gross-Arnold				
	(	Name of Contact Pe	erson)	
Arnold Law Firm, LLC				
		(Firm/ Company	·)	
6279 Dupont Station Court				
		(Address)	·	
Jacksonville, FL 32217				
	(	City/ State and Zip (	Code)	
melissa@amoldlawfirmile.co	m			
E-i	nail address: (to be used	for future annual rep	ort notification	)
For further information concer	ning this matter, please o	eall:		
Melissa Gross-Arnold		at	904	731-3800
(1	Name of Contact Person)	<del></del>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & [ Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)

**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

2019 J#" 10 Fill2: 12

Seaside School Consortium, Inc.		
(Name of Corporation as c	urrently filed with the Flori	da Dept. of State)
N96000000712		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida sumendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	The new " or the abbreviation "Corp," or "Inc."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u>	RESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fla	rida strvet address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Registe	ered 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:  X Change X Remove X Add	<u>∨</u> <u>Mik</u>	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	William Dutter	1742 Ocean Grove Drive
Add			Atlantic Beach, FL 32233
X Remove			
2) Change			
Add			
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)				
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The	date of each amer	ment(s) adoption:		_, if other than the
date	this document was	igned.		
Eff	ective date <u>if appli</u> e	ble:		
			00 days after amendment file date)	
		in this block does not meet the a con the Department of State's rec	pplicable statutory filing requirements, this date will not lords.	be listed as the
Ad	option of Amendm	t(s) (CHECK ONI	E)	
	The amendment(s was/were sufficien	, ,	and the number of votes cast for the amendment(s)	
	There are no mem adopted by the bo		the amendment(s). The amendment(s) was/were	
	Dated	1/10/2017	<del>-, , , , , , , , , , , , , , , , , , , </del>	
	Signature	6.00		
	-		of the board, president or other officer-if directors reporator – if in the hands of a receiver, trustee, or that fiduciary)	_
		Ronald J. Harnek		
		(Typed	or printed name of person signing)	
		President		
			(Title of person signing)	