## 508056

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Schoolfield F	Properties, Inc.
DOCUMENT NUMBER: 508056	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Dianne Schoolfield	
	Name of Contact Person
	Firm/ Company
101 Park Place Blvd.	Suite 3
Kissimmee, FL 34741	Address
	City/ State and Zip Code
sheran@schoolfieldproperti	es.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Dianne Schoolfield	at (407 ) 847 3099  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
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

Schoolfield Properties, Inc.			
(Name o	f Corporation as currently	filed with the Florida Dept. of	State)
508056			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "Co	o". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) d/or registered office addres	ss in Florida, enter the name o	SISTER TO THE PORT OF THE PORT
Name of New Registered Agent	Cheryl Schoolfield		
, , , , , , , , , , , , , , , , , , , ,	101 Park Place Blvd, Suite	e 3	
	(Florida stree	t address)	
New Registered Office Address:	Kissimmee	. Flo	34741 orida
	(C	ity)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar wil		the position.
	Signature of Hew Res	gistered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VĐ	Wayne Schoolfield	101 Park Place Blvd. Suite 3
Add			Kissimmee, FL 34741
Remove			
2) X Change	P	Cheryl Schoolfield	101 Park Place Blvd. Suite 3
Add			Kissimmee, FL 34741
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			<del></del>

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an excl	hango reclussificat	ian ar cancellation	n of icewad charac	
provisions for implementing the ame	endment if not cont	ained in the amend	dment itself:	1
(if not applicable, indicate N/A)				
· <del>-</del>	<del></del> _			
			-	
	<del></del> .			

The date of each amendment(s) adoption:	, if other than
aate this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90) days after am	sendment file date)
Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records.	filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting grown must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	."
by	<del></del>
<ul> <li>☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.</li> <li>☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.</li> </ul>	
•	
Signature  (By a director, president or other officer – if directors	
Signature	
(By a director, president or other officer – if Drectors selected, by an incorporator if in the hands of a recampointed fiduciary by that fiduciary)	s or officers have not been eiver, trustee, or other court
Keep School Hield	
(Typed or printed name of person	signing)
Vice Resident	<b>,</b>
(Title of person signin	g)

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the