723135

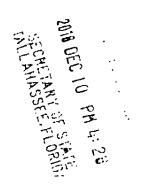
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COVER LETTER

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	er Elementary School Parent- er Organization, INL.	
Teache	or Organization, INC.	
DOCUMENT NUMBER: 723135		
The enclosed Articles of Amendment and fee are subm	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Christine Kork	mitted for filing. er to the following: (Name of Contact Person)	
	nool Parent - Teacher Organization (Firm/ Company)	
200 S. Loxahatche	(Address)	
dupiter, Florid	(City/ State and Zip Code)	
E-mail address: (to be used)	for future annual report notification)	
For further information concerning this matter, please c	call:	
(Name of Contact Person)	at 603 568 9109 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \$43,75 Filing Fee & E Certificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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

703135

(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:

name must be distinguishable and contain the word	"cornoration" or "incornorated	The new	
"Company" or "Co." may not be used in the name	·		
-	MIA	\	
B. Enter new principal office address, if applical		<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)		
C. Enter new mailing address, if applicable:	POV)		
(Mailing address MAY BE A POST OFFICE L	<u> </u>		
	1		
D. If amending the registered agent and/or regis	tered office address in Florida.	enter the name of the	
new registered agent and/or the new register			
Name of New Registered Agent:	Christine Ko	chin	
	200 Loxahatc	nee Drive	
	(Florida street address)		
New Registered Office Address:			
	JUDITER B	, Florida <u>33458</u> (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: t. I am familiar with and accept	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	PT John De V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	Christine Kurkin	200 Loxa hatchee Dr Jupiter FLURIDA 33458
2) Change Add	Prin	Nicole Duly	2005 Loxahatcher Dr Jusiter FL 33458
Remove 3) Change Add	P	Paola Riley	200 S. Loxahateneel Jupiter FL 33458.
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove		B 4.4	

If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s (Re specific)	<u>s) here</u> :			
anach adaptonal sneets, ij necessary).	(De specijici	. •			
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The date of each amendment(s) a	ndoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONF</u>)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated	8/18	
Signature		
have not b	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	resident (Title of person signing)	