743153

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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUN GROVE MONTESSORI SCHOOL, INC NAME OF CORPORATION: 743153 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA LOSSA (Name of Contact Person) SUN GROVE MONTESSORI SCHOOL, INC. (Firm/ Company) 5610 OLEANDER AVE (Address) FORT PIERCE, FL 34982 (City/ State and Zip Code) mlossa@sungrovemontessori.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM RIDDLE 418-6006 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is cnclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

SUN GROVE MONTESSORI SCHOOL, INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
743153	, , , , , , , , , , , , , , , , , , ,	
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(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 con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
	·	
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept t	he obligations of the position.
	0: 0: 0:	
	Signature of New Register	red Agent, if changing

SEP 28 PM L: 0

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>V</u> <u>M</u>	ohn <u>Doe</u> like Jones ally Smith	
Type of Action (Check One)	<u>Titlc</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P S</u>	Jamic Duplantis	Fort Pierce, FL 34982
Remove			
2) × Change Add	<u>v</u>	Heather Tubito	5703 Oleander Ave Fort Pierce, FL 34982
Remove 3) × Change Add Remove	<u>T</u>	William Riddle	1125 Coral St Fort Pierce, FL 34982
4) Change Add	<u>D</u>	Megan Knowles	4312 2nd Square SW Vero Beach, FL 32968
Remove 5) Change	<u>D</u>	Andrew Dore	204 NE Elm Terrace Jensen Beach, FL 34957
6) Change Add		Mclissa Smith	8187 South Indian River Dr Fort Pierce, FL 34982
E. If amending or adding (attach additional shee		al Articles, enter change(s) here: ary). (Be specific)	

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·						
The date of each amendment date this document was signed		9/24/2020				_, if other than the
Effective date if applicable:	9/24/2020					
	(no	more than 90 day.	s after amendme	ent file date)		
Note: If the date inserted in the document's effective date on t			able statutory fil	ing requirements	, this date will not	be listed as the
Adoption of Amendment(s)	(<u>C</u>)	HECK ONE)				
☐ The amendment(s) was/w was/were sufficient for ap		he members and t	the number of vo	otes cast for the a	imendment(s)	

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	9/24/2020 Dated
	Signature
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	WILLIAM RIDDLE
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

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