743153

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE	Sun Grove Montesso ON:	ri School, Inc.		
	743153			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subr	nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
William Riddle				
		(Name of Contact Pers	son)	
		(Firm/ Company)		
5610 Oleander Ave				
	·	(Address)		
Fort Pierce, FL 34982				
		(City/ State and Zip Co	ode)	
wriddle@sungrovemontess	ori.org			
T	-mail address; (to be used	for future annual repo	rt notification	1)
For further information con-	cerning this matter, please	call:		
William Riddle		at	בדו	464-5436
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	wable to the Florida D	epartment of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee icate of Status ied Copy tional Copy is ised)
\$4.212 A 5.3		Causas Adduses		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2022 AUG 22 PH 2:31

Sun Grove Montessori School, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 743153 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _ Florida _ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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	$\overline{\underline{V}}$	John Doe Mike Jones Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address				
1) Change Add	<u>S</u>	Heatehr Merson	5610 Oleander Ave Fort Pierce, FL 34982				
x Remove							
2) × Change Add	<u></u>	Kathleen Keogh	5610 Oleander Ave Fort Pierce, FL 34982				
Remove	V	Heather Tubito	5610 Oleander Ave Fort Pierce, FL 34982				
4) Change Add	<u>T</u>	Andrew Dore	5610 Oleander Ave Fort Pierce, FL 34982				
 X Remove 5) Change X Add 	<u>D</u>	Brian Trappy	5610 Oleander Ave Fort Pierce, FL 34982				
Remove 6) Change	<u>T</u>	Christine Winter	5610 Oleander Ave Fort Pierce, FL 34982				
CHANGE: Jennifer Bart	ets. if neces: ow to "S", :	oal Articles, enter change(s) here: sary). (Be specific) 5610 Oleander Ave, Fort Pierce, FL 34982 Oleander Ave, Fort Pierce, FL 34982					
		eander Ave, Fort Pierce, FL 34982					
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	8/18/2022			
The date of each amendment(s) adoption: date this document was signed.	D 10/2022	.,		, if other than the
Effective date if applicable:	io more than 90 days af			
().	io more than 90 days af	ter amendment file	date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Departmen	not meet the applicable t of State's records.	statutory filing rec	quirements, this date	will not be listed as the

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

(Title of person signing)

President

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