

H94165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

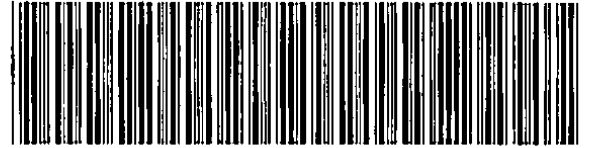
(Document Number)

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Special Instructions to Filing Officer:

Returned check #1803  
12/7/20 (10)  
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09/30/20--01017--012 \*\*43.75

10/1/20  
10/1/20  
10/1/20

Amend

DEC 07 2020

ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Creative Learning Center of Florida Inc.

DOCUMENT NUMBER: H94165

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Scofield

Name of Contact Person

Creative Learning Center of Florida Inc.

Firm/ Company

4970 82nd Ave. N.

Address

Pinellas Park, Fl. 33781

City/ State and Zip Code

beachruz@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Scofield

Name of Contact Person

at ( 727 ) 953-6770

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 NOV 12 2:14

November 9, 2020

PATRICIA SCOFIELD  
4970 82ND AVE N.  
PINELLAS PARK, FL 33781

SUBJECT: CREATIVE LEARNING CENTER OF FLORIDA, INC.  
Ref. Number: H94165

We have received your document for CREATIVE LEARNING CENTER OF FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There's a signature in the new registered agent space. Please verify whether or not you are changing the agent to the signature listed if not please remove the signature from the document or list the name of the new agent and the location in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00022403

Articles of Amendment  
to  
Articles of Incorporation  
of

Creative Learning Center of Florida Inc.

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

H94165

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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

Sherry DeRuzzo  
19010 Gulf Blvd, Apt # 203  
(Florida street address)

New Registered Office Address:

Indian Shores, Florida 33785  
(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.*

Sherry DeRuzzo

Signature of New Registered Agent, if changing

Sherry DeRuzzo

**Check if applicable**

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office h 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

| Type of Action<br>(Check One)           | Title    | Name                  | Address                          |
|---|----------|-----------------------|----------------------------------|
| 1) <input type="checkbox"/> Change      | <u>V</u> | <u>Sherry DeRuzzo</u> | <u>19010 Gulf Blvd. Apt. 203</u> |
| <input checked="" type="checkbox"/> Add |          |                       | <u>Indian Shores, Fl. 33785</u>  |
| <input type="checkbox"/> Remove         |          |                       |                                  |
| 2) <input type="checkbox"/> Change      |          |                       |                                  |
| <input type="checkbox"/> Add            |          |                       |                                  |
| <input type="checkbox"/> Remove         |          |                       |                                  |
| 3) <input type="checkbox"/> Change      |          |                       |                                  |
| <input type="checkbox"/> Add            |          |                       |                                  |
| <input type="checkbox"/> Remove         |          |                       |                                  |
| 4) <input type="checkbox"/> Change      |          |                       |                                  |
| <input type="checkbox"/> Add            |          |                       |                                  |
| <input type="checkbox"/> Remove         |          |                       |                                  |
| 5) <input type="checkbox"/> Change      |          |                       |                                  |
| <input type="checkbox"/> Add            |          |                       |                                  |
| <input type="checkbox"/> Remove         |          |                       |                                  |
| 6) <input type="checkbox"/> Change      |          |                       |                                  |
| <input type="checkbox"/> Add            |          |                       |                                  |
| <input type="checkbox"/> Remove         |          |                       |                                  |

[illegible][illegible]

03/01/2020

The date of each amendment(s) adoption: \_\_\_\_\_, if other than 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 block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by Patricia Scofield \_\_\_\_\_"  
(voting group)

03/01/2020  
Dated \_\_\_\_\_

Signature Patricia Scofield  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Patricia Scofield

\_\_\_\_\_  
(Typed or printed name of person signing)

President

Patricia Scofield  
(Title of person signing)