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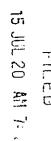
(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nami	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

.

TO: Amendment Section Division of Corporations

iç .

NAME OF CORPORATION	ON: EARLY	Learning Co	salition	n OF OSCEDIA County, INC
DOCUMENT NUMBER:		N0000000 58	80	
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
	ک	USAn Sunka (Name of Contact Person		
		(Name of Contact Person	n)	
FAILY Learn	ne Coalition	OF OSCes/a (Firm/ Company)	Coun	ty The
	1631 E Vine	Street 9	Suite	Z
	Kissimmee	FL 3474 (City/ State and Zip Cod	e)	
E	Swap 6	Occessor of the fortune annual reports	notification)
For further information conc	erning this matter, please	call:		
	Susan Sunka	at (-	107)	933-5353 (Daytime Telephone Number)
	(Name of Contact Person)) (At	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Depa	artment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status ed Copy cional Copy is sed)
Mailing A Amendme			Address Iment Secti	on

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles	of Incorporation of			
Early Learning Coalition (Name of Corporation as curren	of osceols	Country	mc	
(Name of Corporation as curren	tly filed with the Flor	ida Dept. of S	State)	
NOOSOOD	05880			
	er of Corporation (if k			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	r Profit Corpo	oration adopts the	following
A. If amending name, enter the new name of the corporati	on:			
N).	4			The new
name must be distinguishable and contain the word "corporat	ion" or "incorporated	d" or the abbro	eviation "Corp."	or "Inc."
"Company" or "Co." may not be used in the name.		d.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MA		
(Frincipul office unuress MOST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NIA		
	-	- 		
		.	.	
		<u> </u>		
D. If amending the registered agent and/or registered offic	e address in Florida,	enter the nan	ne of the	
new registered agent and/or the new registered office a		1		
Name of New Registered Agent:	<u></u>	A		
New Paristers I Office Address	(FI	orida street addre	ess)	
New Registered Office Address:				
	(City)		, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		the obligation	e of the position	ল
тистему ассерт те арронители из теділетей идет. Титуи.	тна жил ана ассерг	ine oonganon	s of the position.	<u>ب</u>
	N1	Α		
Si	gnature of New Regist	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	V Mik	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>C</u>	Charles Roger	4517 81D Canoe Creck Rd St. Cloud, FL 34769
2) Change Add Remove	<u>C</u>	Innes waters	3410 Home Jan Ln St. Cloud FL 34769
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

. <u>If amending or adding additional Articles, enter change(s) here</u> : (attach additional sheets, if necessary). (Be specific)					
					-
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the date of each amendment(s) adoption:
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 the 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 7-16-15
Signature evalor
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JAMES Waters
(Typed or printed name of person signing)
Board Chairman
(Title of person signing)