NOC OCCOCC588C

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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	cument Number)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:		SOLA CO	UNIY, INC.	
N00000005880 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
ROSSEMARY FERMIN				
	(Name of Contact Person	n)		·
EARLY LEARNING COALITION OF OSCEOLA	A COUNTY, INC.			
	(Firm/ Company)			
1631 E. VIVE STREET, STE. E				
	(Address)			
KISSIMMEE, FL 34744				20
	(City/ State and Zip Cod	e)		
RFERMIN@ELCOSCEOLA.ORG				רנ
E-mail address: (to be us	sed for future annual report	notificatio	n)	2.73 - 4.75 - 4.
For further information concerning this matter, plea	ise call:			
ROSSEMARY FERMIN	40° at		994-5077	
(Name of Contact Pers	on) (Ar	rea Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certit Certit	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing Address Amendment Section		Address Iment Sect	ion	

Division of Corporations

Tallahassee, FL 32303

The Centre of Taliahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

Name of Corporation as currently filed with the Florida	a Dept. of State)		-
110000000 5880			
(Document Nun	nber of Corporation (if	known)	
ursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not I</i>	For Profit Corporation adopts	the following
If amending name, enter the new name of the corporation	ation:		
			The new
ame must he distinguishable and contain the word "corpor Company" or "Co." may not he used in the name.	ration" or "incorporat	ed" or the abbreviation "Cor	p." or "Inc."
company or co. may not be used in the name.			
Enter new principal office address, if applicable:			
^o rincipal office address <u>MUST BE A STREET ADDRES.</u>	<u>s</u>)		
	· · · · · · · · · · · · · · · · · · ·		
			<u>-</u>
Enter new mailing address, if applicable:			 20
(Mailing address MAY BE A POST OFFICE BOX)	***************************************		<u> </u>
			<u> </u>
	 		
If amending the registered agent and/or registered of	fice address in Florida	i, enter the name of the	
new registered agent and/or the new registered office	address:		က် ၌
Name of New Registered Agent:			်း
	(1	lorida street address)	
New Registered Office Address:			
		, Florida	
	(Civ)	(Zip Code)	
ew Registered Agent's Signature, if changing Registere	el Arrone.		

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	PT John Do V Mike Jo SV Saily Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	C	THOMAS OVERTON	150 SENECA POINT TRAIL KISSIMMEE, FL 34746
Remove			
2) Change Add	<u>VC</u>	DAVID BARNETT	1445 OAK PL APOPKA, FL 32712
Remove 3) Remove X Add Remove	<u>T</u>	MARK GREY	810 ASHTON OAKS CIRCLE LAKELAND, FL 33813
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-			

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The date of each amondment (a) advantage		
date this document was signed.	I:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will no nt of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(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.
	Dated <u>U30120</u>
	Signature amarch Rule, Deep
	(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 hunds of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	AMANDA KELKENBERG
	(Typed or printed name of person signing)
	CHIEF EXECUTIVE OFFICER
	(Title of person signing)