N00078

(Requestor's Name)				
(Address)				
(Add	ress)			
(City.	/State/Zip/Phon	e #)		
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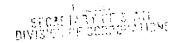
5.6,15

COVER LETTER

TO: Amendment Section Division of Corporations	*	
NAME OF CORPORATION: P.A.L.S. C	Community A	dvisory Board, Inc
DOCUMENT NUMBER: N00078		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Dr. Tanice Knopp		
	(Name of Contact Person	n)
Sarasota County School	S	
	(Firm/ Company)	
1960 Landings Blvd		
	(Address)	
Sarasota, FL 34231-330	0	
	(City/ State and Zip Cod	e)
tanice.knopp@sa	rasotacoun	tyschools.net
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Shelly Nierman	_{at} 941	920-0650
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment 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		Address
Amendment Section Division of Corporations		ment Section
P.O. Box 6327		n of Corporations Building
Tallahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



P.A.L.S. Community Adv	isory board	i, inc.	15 APR 27 AP(11: 1
(Name of Corporation as currently	y filed with the Flo	orida Dept, of State)	
N00078			
(Docu	ment Number of C	orporation (if known)	
Pursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati		es, this <i>Florida Not For Profit Co</i>	orporation adopts the following
A. If amending name, enter the new nar		-	
TeamUP Volunteer & Par	•		The ne
name must be distinguishable and contain		ntion" or "incorporated" or the a	bbreviation "Corp." or "Inc.
'Company" or "Co." may not be used in	the name.	NI/A	
3. Enter new principal office address, it	[applicable:	N/A	
Principal office address <u>MUST BE A ST</u>	<u>REET ADDRESS</u>)	
C. Enter new mailing address, if applic	able:	NI/A	
(Mailing address MAY BE A POST O		N/A	
D. If amending the registered agent and	I/or registered off	ice address in Florida, enter the	name of the
new registered agent and/or the new	registered office	address:	
Name of New Registered Agent:	N/A		
		(Florida street address)	
New Registered Office Address:		,	
	N/A	Flo	orida
	(City		(Zip Code)
		• •	
New Registered Agent's Signature, if ch hereby accept the appointment as registe	anging Registered ered agent. I am fi	<u>1 Agent:</u> amiliar with and accent the oblive	ations of the position.
y weeept appointment as region			y 1
	01	Desistand Agent if alcouring	
	— 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 <math>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 Doe like Jones ally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1)Change		N/A		
Add				
Remove				
2) Change			,	
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amending or adding additional Arti</u> (attach additional sheets, if necessary).	(Be specific)
N/A	
14//	
(
,	

The	date of each amendment(s) a	April 24, 2015	, if other than the
date	this document was signed.		THE TELESCOPE AND
Effe	ective date <u>if applicable</u> :		SECTE AND POST OF A SANT
		(no more than 90 days after amendment file date)	15 APR 27 AM 11: 15
Ade	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the val.	amendment(s)
	There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) tors.	s) was/were
_	Dated 4/2	4/15	
	Signature	elly T	
	(By the chathave not be	irman or vice chairman of the board, president or other office eem selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
	Shelly Nie	erman	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	