N01000001741

| (Re | questor's Name) | |
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| | dress) | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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11/19/21--01010--011 ** 35.00



C. BRUMBLEY

COVER LETTER

4

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | | SOCIATION OF PROI | FESSIONAL | SUBSTITUTE TEACHERS, INC |
|---|---|--|--------------------|--|
| DOCUMENT NUMBER: | N010000001741 | | | |
| - The enclosed <i>Articles of Am</i> | endment and fee are sub | mitted for filing. | - | |
| Please return all corresponde | nce concerning this matt | ter to the following: | | |
| Sheridan Chester | | | | |
| | | (Name of Contact Per | son) | |
| LEE COUNTY ASSOCIAT | TON OF PROFESSION. | AL SUBSTITUTE TEA | CHERS, INC | 2 |
| | | (Firm/ Company) | | |
| 13013 River Road | | | | |
| | | (Address) | | *** |
| Ft Myers Shores, Fl 33905 | | | | |
| | | (City/ State and Zip C | ode) | |
| Sheridanchester@gmail.com | 1 | | | |
| E: | -mail address: (to be use | d for future annual repo | ort notification | 1) |
| For further information conc | erning this matter, please | e call: | | |
| Sheridan Chester | | at | 239 | 693-5209 |
| (| (Name of Contact Persor | | Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the fo | ollowing amount made p | ayable 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 cate of Status ed Copy ional Copy is sed) |
| Mailing A | ddress | Stre | et Address | |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

| Name of Corporation as currently filed with th | e Florida I | Dept. of State) | | | |
|--|--------------|-----------------------------------|---------------------|-----------------|-------------|
| N1000001741 | | | | | |
| (Docur | nent Numb | er of Corporation (if kno | wn) | | |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | rida Statute | es, this <i>Florida Not For</i> a | Profit Corporatio | on adopts the f | ollowing |
| A. If amending name, enter the new name of th | e corporat | ion: | | | |
| | | | | | The new |
| name must be distinguishable and contain the word "Compuny" or "Co," may not be used in the nam | | ion" or "incorporated" | or the abbreviati | | |
| B. Enter new principal office address, if applica | ıble: | 13013 River Road | | | |
| (Principal office address <u>MUST BE A STREET</u> A | | Ft Myers Shores, Fl 33 | 905 | _ | |
| | | | | — . · | 202 |
| | | | | | 2021 NOY |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | ROV) | 13013 River Road | | | J V C |
| (Maning dualess MAT BE A 1031 0111CE | <u> </u> | Ft Myers Shores, Fl 339 | 905 | | |
| | | | | • | AM I |
| | | | | | 3 |
| D. If amending the registered agent and/or regi | stered offic | ce address in Florida, e | nter the name of | the | ~ |
| new registered agent and/or the new register | | | | | |
| Name of New Registered Agent; | Sheridan | Chester | | <u></u> | |
| | 13013 Riv | ver Road | | | |
| | | (Flori | ida street address) | | |
| New Registered Office Address: | | | | | |
| | Ft Myers | Shores | . Flo | rida | |
| | | (City) | | (ip Code) | |
| New Registered Agent's Signature, if changing lead the hereby accept the appointment as registered agent | | | e obligations of t | he position. | |
| - | MU | udan Chill | <i>(U</i>) | | |
| | ' Si | gnature of New Registers | ra Agent, if chanș | zing | |

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 Sally Sn | nes | |
|--|--|--|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>P</u> | Marvin A Goetz | 1211 SW 49th Terr Cape Coral, FL 33914 |
| X Remove | | | |
| 2) Change Add | <u>T</u> | Helene M McIntosh | 9600 Windsor Club Cir Ft Myers, Fl 33914 |
| X Remove 3 Change | PCEO | Sheridan Chester | 13013 River Road Ft Myers Shores, FL 33905 |
| 4) Change Add | <u>v</u> | Bob McComb | 1374 Bonker Way Ft Myers, Fl 33919 |
| Remove 5) Change | <u>s</u> | Lora Diaz | 141 S.E. 8th St Cape Coral, Fl 33990 |
| Remove 6) Change × Add | T | Guillermo Vizcaino | 318 SE 14th Terr Cape Coral, Fl 33990 |
| E. If amending or addin (attach additional sheet | | cles, enter change(s) here: (Be specific) | |
| Additional Members: | | | |
| Member-at-Large | Donald Wooten | Add | |
| | 8030 Allamanda | Ct | <u> </u> |
| | Lehigh Acres, Fl | 33972 | |
| | | | |

| Webmaster/IT Director | Linda Carter | |
|--|---|---|
| | 704 Homer Ave North | |
| | Lehigh Acres, Fl 33971 | |
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| The date of each amendment(s) ad date this document was signed. | option: | , if other than the |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date | <u> </u> |
| | | |
| Note: If the date inserted in this blo- document's effective date on the De | k does not meet the applicable statutory filing require artment of State's records. | ements, this date will not be listed as the |

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

(CHECK ONE)

Adoption of Amendment(s)

| D I | 11/11/21 |
|----------|--|
| Dated | 13 |
| Signatur | Skiridan Christin |
| | (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) |
| | Sheridan Chester |
| | (Typed or printed name of person signing) |

(Title of person signing)