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(Requestor's Name)
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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	Clay H	tome schoolers	, Inc.
DOCUMENT NUMBER:	Noaoo	0000162	
The enclosed Articles of Amenda	nent and fee are submi	tted for filing.	
Please return all correspondence	concerning this matter	to the following:	
<u></u>	Shari	Sleeper ontact Person)	
	(Name of Co	ontact Person)	
***************************************	(Firm/ C	Company)	······································
	(Initial)	ompany)	
	4631 She	man Hills Poudress)	rkway
	Jacksony (City/ State a	lle FL 322 and Zip Code)	10
E-mai	Sharisleepe laddress: (to be used f	C bell south, r	ne+ tification)
For further information concerning	ng this matter, please c	all:	
Anna Boyette	D	at (904) 27	6-1612 aytime Telephone Number)
·			
Enclosed is a check for the follow	ving amount made pay	able to the Florida Depart	ment of State:
	5 Filing Fee & te 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		Street Address	•
Amendment Section Division of Corporations		Amendment Section of Corporation of Corporation (Corporation)	
P.O. Box 6327 Tallahassee, FL 32		Clifton Building 2661 Executive C	

Tallahassee, FL 32301

Articles of Amendment

FILED

Articl	es of Incorporat	ion 2018 JUL	15 PM 1: 11.0
(Name of Corporation as curre	eschoolers	To CTALLAY	TARY UF LORID#
(Name of Corporation as curre	acty fact with the	riorsua Dept. or St	att.
MO2000 (Document Number)	06162 ber of Corporation	(if known)	*****
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.		s Florida Not For P	Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:		
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or			orporated" or the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	icable: <u>- [ADDRESS]</u>	Shari Sleep	Der Law Hills Pkwy
		Jacksonville	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>(E BOX</u>)	same as	above
D. If amending the registered agent and/or re	egistered office add	dress in Florida. en	ter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	Shari Sle	epe(<u> </u>
New Registered Office Address:	463) She. (Florida :	man Hils A street address)	<u>tw</u> y
-	Jackson u	[//e City)	, Florida_320/0 (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.			pt the obligations of the

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
0,6	Laurie Intriago	670 Sunny Stroll Drive Middleburg FL 32068	Add Remove
O,T	Shari Sleeper	4631 Sherman Hills All Jacksonville, Fr. 32210	ey GAdd _ □ Remove
			☐ Add ☐ Remove
(attach a	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec	cific)	,
	essa Albright will		
_mem	ber (DM) address:	4524 Chipmunk Roa	ad
/	Middleburg FL 32068	(Change of title)	
Mai	ilyn Coleman will ,	remain as a Lire	ctor,
	nber (DM) address:		•
_	K, FL 32065 (Chai	•	
	K, 12 32063 (Chai	nge of the	
	Between 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	and a second		
· · · · · · · · · · · · · · · · · · ·			
			
			<u> </u>

The date of each amendment(s)	adoption: 7-6-2010
•	(date of adoption is required)
Effective date if applicable:	
y • • • • •	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) il.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated7/1	
Signature (rra Boyelle
	chairman or vice chairman of the board, president or other officer-if directors
	ot been selected, by an incorporator – if in the hands of a receiver, trustee, or
other co	ourt appointed fiduciary by that fiduciary)
<u>. 1</u>	Anna Boyette (Typed or printed name of person signing)
	(1) kan at kannan wanta at kanan at British
	OFFicer, Vice Aesident (Title of person signing)
	(Title of person signing)