

002000009186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/02/10--01023--021 \*\*35.00

10 JAN 23 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

*[Handwritten signature]*  
8/23/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLORIDA ATLANTIC UNIVERSITY SCHOOLS PTO, II

**DOCUMENT NUMBER:** N02000009186

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheila Portis

(Name of Contact Person)

C/O ALEXANDER D. HENDERSON UNIV. SCHOOL

(Firm/ Company)

777 GLADES ROAD

(Address)

BOCA RATON FL 33431

(City/ State and Zip Code)

sheilaportis611@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Portis

(Name of Contact Person)

at ( 954 ) 422-2690

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2010

SHELIA PORTIS  
777 GLADES RD  
BOCA RATON, FL 33431

SUBJECT: FLORIDA ATLANTIC UNIVERSITY SCHOOLS PTO, INC.  
Ref. Number: N02000009186

We have received your document for FLORIDA ATLANTIC UNIVERSITY SCHOOLS PTO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 310A00018658

RECEIVED  
2010 AUG 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FLORIDA ATLANTIC UNIVERSITY SCHOOLS PTO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000009186

(Document Number of Corporation (if known))

APPROVED  
AND  
FILED  
10 JAN 23 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Sheila Portis

New Registered Office Address:

777 Glades Rd.

(Florida street address)

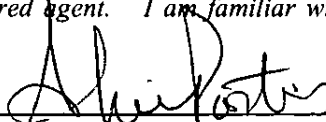
Boca Raton

(City)

Florida 33431  
(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



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>	<u>Type of Action</u>
<u>VP</u>	<u>TAMI, NOLAN CO VP</u>	<u>1431 SW 3RD TERRACE</u> <u>DEERFIELD BEACH FL 33441</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>AYOTTE, HANK T</u>	<u>4499 NW BOCA RATON RD</u> <u>BOCA RATON FL 33431</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>KEATING, VICKY S</u>	<u>3420 NE 14TH TERRACE</u> <u>POMPANO BEACH FL 33064</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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>	<u>Type of Action</u>
<u>P</u>	<u>Lissa Rothstein</u>	<u>551 Golden Harbour Dr</u> <u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Pam McLellan</u>	<u>6 Polo Cr</u> <u>Boca Raton, FL 33431</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Lynette Williams</u>	<u>23066 Oxford Place, unit D</u> <u>Boca Raton, FL 33433</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: August 1, 2010

*(date of adoption is required)*

Effective date if applicable: August 1, 2010

*(no more than 90 days after amendment file date)*

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 July 31, 2010

Signature 

(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)

Sheila Portis

(Typed or printed name of person signing)

Treasurer

(Title of person signing)