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TROUBCERER

COVER LETTER

TO: Amendment Section Division of Corporations

H.L. JOHN	ISON ELEMENTARY PTO IN		•
N0300002786			
The enclosed Articles of Amendment and f	ee are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
JULIE HIGHSMITH			
	(Name of Contact Per	rson)	<u> </u>
H.L. JOHNSON ELEMENTARY PTO			
	(Firm/ Company))	
1000 CRESTWOOD BLVD.			
	(Address)		
ROYAL PALM BEACH, FL 33411			
<u> </u>	(City/ State and Zip C	Code)	
E-mail address:	to be used for future annual repo	ort notification	n)
For further information concerning this mat	er, please call:		
JULIE HIGHSMITH	at _	561	904-9300
(Name of Cont	act Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Γ	Department of	State:
■ \$35 Filing Fee □\$43.75 Fil Certificate	ng Fee & \$\Bigcup \\$43.75 \text{ Filing Fee a of Status} \text{Certified Copy (Additional copy is enclosed)}	Certif s Certif	0 Filing Fee licate of Status lied Copy tional Copy is osed)
Mailing Address	<u>Str</u>	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	mny mea with th	ie rioriga Dept. of State)	
N03000002786		· · · · · · · · · · · · · · · · · · ·	
(Document Num	ber of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida N</i>	Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corpora	<u>ition:</u>		
N/A			The new
name must be distinguishable and contain the word "corport Company" or "Co." may not be used in the name.		orated" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A		
	<u>(</u>)	2 (C)	19
		:	רט גיו
		No. of	
Enter new mailing address, if applicable:	N/A	-Â. K	~~
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		· :.	
		<u> </u>	. <u> </u>
		=====================================	
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 		orida, enter the name of the	
N/A	addiess.		
Name of New Registered Agent:			
			
New Registered Office Address:		(Florida street address)	
	(City)	, Florida (Zip Code)	
	(City)	(z.p Coue)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fo	Agent:		

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	<u>V</u> <u>Mil</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	<u>T</u>	THERESA SAUERS	1000 CRESTWOOD BLVD
Add			ROYAL PALM BEACH, FL 3341
Remove			
2) Change			
Add			
Remove			
3) Change			27
Add			THE TY
Remove			0.7 Z1
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change		 	
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)			
N/A				
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	e date of each amendment(s) adoption:	other than the
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list turnent's effective date on the Department of State's records.	ted as the
Ado	option 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.	
	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) JULIE HIGHSMITH	
	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing) (Title of person signing)	