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| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Dusiness Littly Name) | |
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07/22/13--01039--010 **35.00



COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Friends of | the Acader | my at the Farm, Inc. |
|--|--|---|
| DOCUMENT NUMBER: NO300005 | 206 | |
| The enclosed Articles of Amendment and fee are subm | | |
| Please return all correspondence concerning this matter | to the following: | |
| Alicia Polk Guanio | • | |
| | Name of Contact Pers | on) |
| Friends of the Academy | at the Farr | n, Inc. |
| | (Firm/ Company) | |
| 9500 Alex Lange Way | | |
| | (Address) | |
| Dade City, FL 33525 | | |
| (| City/ State and Zip Co | ode) |
| pto@academyatth | efarm.cor | n |
| E-mail address: (to be used | for future annual repor | t notification) |
| For further information concerning this matter, please of | ali: | |
| Alicia Polk Guanio | _{at} 352 | 585-2122 Code & Daytime Telephone Number) |
| (Name of Contact Person) | (Area | Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Do | partment of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & E Certificate of Status | 3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 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 | Ame Divis Clifte | et Address Indment Section Ion of Corporations Ion Building Executive Center Circle |

Tallahassee, FL 32301



July 24, 2013

ALICIA POLK GUANIO FRIENDS OF THE ACADEMY 9500 ALEX LANGE WAY DADE CITY, FL 33525

SUBJECT: FRIENDS OF THE ACADEMY AT THE FARM, INC.

Ref. Number: N03000005206

We have received your document for FRIENDS OF THE ACADEMY AT THE FARM, 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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 113A00017940

13 Mg > Pry

Articles of Amendment , to Articles of Incorporation of

| | ntly filed with the Florida Dept. of State) | |
|---|--|---------------------------------------|
| N03000005206 | | |
| (Do | cument Number of Corporation (if known) | · · · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of section 617 amendment(s) to its Articles of Incorpora | 7.1006, Florida Statutes, this <i>Florida Not For Profit Co</i> ation: | nrporation adopts the follow |
| A. If amending name, enter the new n | ame of the corporation: | |
| | | The n |
| name must be distinguishable and contai "Company" or "Co." may not be used i | in the word "corporation" or "incorporated" or the at in the name. | bbreviation "Corp." or "Inc |
| B. Enter new principal of fice address, | . If applicable: | |
| Principal office address MUST BE A S | TREET ADDRESS) | |
| | | |
| | | |
| C. Enter new mailing address, if appl | | |
| | | |
| (Mailing address MAY BE A POST | OFFICE BOX) | |
| (Mauing address <u>MAY BE A POST</u> | OFFICE BOX) | |
| (mauing address <u>MAY BE A POST</u> | OFFICE BOX) | |
| | | name of the |
| | nd/or registered office address in Florida, enter the n w registered office address: | name of the |
|). If amending the registered agent an | nd/or registered office address in Florida, enter the new registered office address: | name of the |
|). If amending the registered agent an new registered agent and/or the new | nd/or registered office address in Florida, enter the new registered office address: | _ |
|). If amending the registered agent an new registered agent and/or the new Name of New Registered Agent: | ad/or registered office address in Florida, enter the registered office address: Alicia Polk Guanio 9500 Alex Lange Way, Dade City, FL 3352 | _ |
|). If amending the registered agent an new replatered agent and/or the new | ad/or registered office address in Florida, enter the registered office address: Alicia Polk Guanio 9500 Alex Lange Way, Dade City, FL 3352 (Florida strest address) | 25 |
| D. If amending the registered agent an new replatered agent and/or the new Name of New Registered Agent: | ad/or registered office address in Florida, enter the registered office address: Alicia Polk Guanio 9500 Alex Lange Way, Dade City, FL 3352 (Florida street address) | 25 da |
| D. If amending the registered agent an new replacered agent and/or the new Name of New Registered Agent: New Registered Office Address | ad/or registered office address in Florida, enter the registered office address: Alicia Polk Guanio 9500 Alex Lange Way, Dade City, FL 3352 (Florida strest address) , Florida (City) | 25 |
| D. If amending the registered agent and new repistered agent and/or the new Name of New Registered Agent: New Registered Office Address The Registered Office Address The Registered Agent's Signature, if classes | ad/or registered office address in Florida, enter the registered office address: Alicia Polk Guanio 9500 Alex Lange Way, Dade City, FL 3352 (Florida strest address) (City) hanging Registered Agent: | ida(Zip Code) |
| D. If amending the registered agent and new repistered agent and/or the new Name of New Registered Agent: New Registered Office Address The Registered Office Address The Registered Agent's Signature, if classes | ad/or registered office address in Florida, enter the registered office address: Alicia Polk Guanio 9500 Alex Lange Way, Dade City, FL 3352 (Florida strest address) , Florida (City) | ida(Zip Code) |

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 | V M | nn Doe ke Jones lly Smith | |
|----------------------------------|--------------|---------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | Р | Jennifer Konow | 9500 Alex Lange Way |
| X Remove | | | Dade City, FL 33525 |
| 2) Change | <u>P</u> | Christi Johnson | 9500 Alex Lange Way |
| Add X Remove | | | Dade City, FL 33525 |
| 3) Change | T | Jill Peterson | 9500 Alex Lange Way |
| Add X Remove | | | Dade City, FL 33525 |
| 4) Change | <u>s</u> | Lindsey Harrie | 9500 Alex Lange Way Dade City, FL 33525 |
| X Remove | | | |
| 5) Change | <u>VP</u> | Tracy Boltin | 9500 Alex Lange Way |
| Add X Remove | | | Dade City, FL 33525 |
| 6) Change | Р | Alicia Polk Guanio | 9500 Alex Lange Way |
| X | | | Dade City, FL 33525 |
| Remove | | Pres 2 of 4 | |

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 Doc 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> | hn Dos ike Jones Ily Smith | |
|----------------------------------|-------------------|----------------------------------|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | <u>V</u> | Crystal Creech | 9500 Alex Lange Way Dade City, FL 33525 |
| Remove | | | |
| 2) Change | <u>s</u> | Talia Jansen | 9500 Alex Lange Way |
| X_Add | | | Dade City, FL 33525 |
| Remove 3)Change | <u>T</u> | Johanna Theel | 9500 Alex Lange Way |
| X Add | | | Dade City, FL 33525 |
| 4) Change | | | |
| Add Remove | | | |
| 5) Change | | | |
| Add | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

| | this document was signed. | if other than the |
|-----------|--|-------------------|
| EM | (no more than 90 days after amendment file date) | |
| Ada | 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. | |
| | Dated 7/18/13 | |
| | Signature VIII (6 g g 7 7 1) | _ |
| | (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) | |
| | Alicia Guanio | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |