N030000/0171

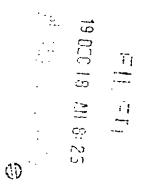
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700335957487

10/28/19--01010--030 **35.00



T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bahamas Education Culture and Science Foundation
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KATHY (TERACE (Name of Contact Person)
(wante of Contact Letson)
Bahamas Education Culture and Science Foundation
3616 Peace River Drive
Punta Gorda FL 33983 (City/ State and Zip Code)
dtgerace @ omail. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy (7erace at 941 - 743 - 7954 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing Address Amendment Section Street Address Amendment Section

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Bahamas Education Culture (Name of Corporation as currently filed with the Florid	re and	&Scien	nce Fo	undati	<u>o'n</u>
(Document Nu	umber of Corpo	ration (if knows	n)		·
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Flor	ida Not For Pr	ofit Corporatio	m adopts the	following
A. If amending name, enter the new name of the corpo	oration:				
_					The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "in	acorporated" or	the abbreviat	ion "Corp." c	r "Inc,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)				
		 -		• • • •	
				<u></u>	19
C. D				ī. ··	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		<u> </u>	
				•	
					EK ,
					<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		<u>in Florida, ent</u>	er t <u>he name o</u>	(<u>dt)</u>	(y)
Name of New Registered Agent.					
	<u>-</u>				
		(Florida	street address)	• • •	
New Registered Office Address:					
				orida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered agent. I an	m 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)

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 D V Mike John SV SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	TS_	Kathy Gerace	Punta Crorda, Fit 33983
2) Remove 2) Add	_D	Frank Minaya	Funta Crorda, F.J. 33983 80 La Salle St. T. Apt. 149
Remove 3) Remove			New York, NY 10027
4) Change Add			(A)
Remove 5) Change Add			
Remove 6) Change Add			
F. If amending or additional she		Page 2 of 4 (icles, enter change(s) here: (Be specific)	

	·					
		<u> </u>				
	· · · · · · · · · · · · · · · · · · ·					
		•				
<u>_</u>						_
	<u> </u>					
						
	 -	 -				
		<u></u>				
				_		
<u> </u>				_		
	<u></u> _					
				- F.	19	
			·		(2)	
				-		77,7
	Page	3 of 4				
	rage	3 01 4			Ü	•,
						1.1
					-	
				´ · .	Ċ	`-'
					(\.) 89]	
				CD	(4)	
,				4.5		
The date of each amendment(s) adop	tion:				, if ot	her than the
date this document was signed.						
Effective date if applicable:		1				
	(no more than 90 days af	ter amendment file	date)			
Note: If the date inserted in this block	does not meet the applicable	statutory filing rea	nicements this	date will no	t be liste	d as the
document's effective date on the Depar	tment of State's records.	statutory ming req	memens, mo	the contract		
and the free tree date on the frepar	The second secon					
Adoption of Amendment(s)	(CHECK ONE)					
•						
☐ The amendment(s) was/were adop	ited by the members and the	number of votes ca	st for the amend	lment(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 12/11/19
Signature Aluf What
(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)
Deborah Weeks
(Typed or printed name of person signing)
President (Title of person signing)