

104 000 007624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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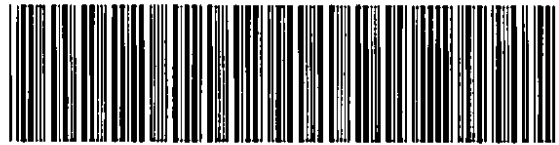
(Business Entity Name)

(Document Number)

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JUL 15 2020
CLERK OF COURT
JUL 15 2020

2020 JUL 15 PM 4:56

FILED

JUL 24 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 29 2:15

June 29, 2020

DR ANTIONETTE WILCOX
TEACHERS OF THE YEAR NATIONAL ALUMNI
3757 HAMPTON HILLS DRIVE
LAKELAND, FL 33810

SUBJECT: TEACHERS OF THE YEAR NATIONAL ALUMNI ASSOCIATION,
INC.
Ref. Number: N04000007624

We have received your document for TEACHERS OF THE YEAR NATIONAL ALUMNI ASSOCIATION, 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 form you submitted is for a FOREIGN, but your entity is a FLORIDA. Please complete and return the enclosed blank form(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.

Shelia H Young
Regulatory Specialist II

Letter Number: 120A00012763

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Teachers of the National Alumni Association, Inc

DOCUMENT NUMBER: NO4000007624

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

Please return all correspondence concerning this matter to the following:

Dr. Antionette Wilcox

(Name of Contact Person)

Teachers of the Year National Alumni Association, Inc.

(Firm/ Company)

3757 Hampton Hills Drive

(Address)

Lakeland, FL 33810

(City/ State and Zip Code)

Sagapalm11@gmail.com

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

For further information concerning this matter, please call:

Dr. Antionette Wilcox

(Name of Contact Person)

at

863 409-2831

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Teachers of the Year National Alumni Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N04000007624

(Document Number of Corporation (if known))

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:

Education and Health Alliance, Inc. 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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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

The date of each amendment(s) adoption: April 27, 2020, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

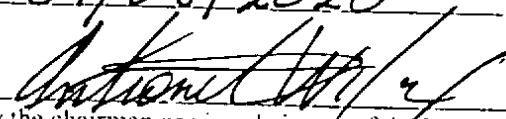
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 07/08/2020

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)

Dr. Antionette Wilcox

(Typed or printed name of person signing)

President

(Title of person signing)

Teachers of the Year National Alumni Association

Board Meeting

April 27, 2020

7 PM

Present: Cameal Carlton, Dasja Crayton, Dr. Antionette Wilcox

Meeting Called to Order: Dr. Wilcox

Prayer: Cameal

Old Business

New bank account at Midflorida

- need to replenish savings account and checking account
- solicit donations, make personal contributions

Name Change: discussions

Unanimously-Education & Health Alliance, Inc.

Apply for name change within 30 days.

Need marketing plan

Website

Email edhealthalliance@yahoo.com

Telephone number

Next meeting: June 27, 2020

Acting Secretary

Cameal 