N0600007848

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: South Mcheel Elementary Anodemo	y Profine
DOCUMENT NUMBER: NO600007848	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bari Fultor (Name of Contact Person)	-
South Mcheel Elementary Araden (Firm/Company)	ny PTO, Inc
2222 Edgewood Drive South (Address)	
Lakeland Florida 33803 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Basi Fulto at (863) 640-429 (Name of Contact Person) (Area Code & Daytime Telephone N	18 Jumber)
Enclosed is a check for the following amount made payable to the Florida Department of	State:
Certificate of Status Certified Copy Certified Copy (Additional copy is Certified Copy (Additional copy is Certified Copy Certified Copy (Additional copy is Certified Copy Certified Copy (Additional copy is Certified Copy Certified	60 Filing Fee ficate of Status fied Copy litional Copy nclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

South Mckeel El	ementary Aca	demy PTO, In
(Name of Corporation as currently filed	with the Florida Dept. of Sta	
N 060000	7848	
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation		rofit Corporation adopts
A. If amending name, enter the new name of the corp	oration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m		orporated" or the
B. Enter new principal office address, if applicable:		≥
(Principal office address MUST BE A STREET ADDRI	<u>ESS</u>)	25 PL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM 10: 53 OF STATE E, FLORIDA
D. If amending the registered agent and/or registered new registered agent and/or the new registered office Name of New Registered Agent:		er the name of the
New Registered Office Address:	(Florida street address)	-
· · · · · · · · · · · · · · · · · · ·	(40.)	_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.	red Agent: I am familiar with and accep	t the obligations of the
Child	i moni	
Signature o	f New Registered Agent, if char	nging

Page 1 of 3

		enter the title and name of each officer/director being ch Officer and/or Director being added:
	itional sheets, if necessary)	on one and of Director Deing added.
<u>Citle</u>	<u>Name</u>	Address Type of Action
		□ Add
		□ Remove
		
		Remove
		☐ Add
	The state of the s	Remove
		·
T.C. 1		
	ling or adding additional Article Iditional sheets, if necessary). (I	<u>s, enter cnange(s) nere</u> : Be specific)
Jaha La	<i>A</i>	eganization is organized
	0. \frown	table, religious, educational,
nd s	cientha purpose	es, including, for such purpos
he r	naking of dist	Ributions to organizations
at	malify as exe	mpt ofganizations under
	7 701/01/03	+ the Internal Prevenue
eethor	1 201 (C)(3)	
ode,	OR COLRESPONC	ding section of any teture
edera	el tax code.	
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· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(a) adoption: February 15, 2009
Effective date if applicable:	J
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was were ctors.
have	ne charman or vice chairman of the board, president or other officer-if director not been selected, by an incorporator – if in the hands of a receiver, trustee, court appointed fiduciary by that fiduciary)
	(Typed or printed name of berson signing) PBCSIDE OF.
	(Title of person signing)