## ND6000009561

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## · COVER LETTER

**TO:** Amendment Section Division of Corporations

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NARCOOS	SSEE ELEMENTAI	RY SCHOOL PT	O, INC.		UK S
N06000009561 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fe	e are submitted for	tīling.			
Please return all correspondence concerning	this matter to the fo	llowing:			
MALOREY MONTALVO					
	(Name of	Contact Person)			
NARCOOSSEE ELEMENTARY SCHOOL	PTO, INC.				
· · · · · · · · · · · · · · · · · · ·	(Firm	r/ Company)			
4957 CYPRESS HAMMOCK DRIVE					
·	(7	Address)			
SAINT CLOUD, FL 34771					
-	(City/ Sta	te and Zip Code)			
GMELITECOACH@AOL.COM					
E-mail address: (	to be used for future	annual report not	tification)		
For further information concerning this matt	er, please call:				
MARIA ROBLES-PEARSON		407 at		275-5965	
(Name of Conta	ict Person)	(Area	Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amoun	t made payable to th	ie Florida Departi	ment of St	ate:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of		d Copy onal copy is	Certific Certifie	Filing Fee ate of Status d Copy onal Copy is ed)	
Mailing Address		Street Ac	ddress		

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

## Articles of Amendment to Articles of Incorporation of



NARCOOSSEE ELEMENTARY SCHOOL PTO, INC.		
(Name of Corporation as curre	ntly filed with the Fl	orida Dept. of State)
1/0/0	15/0/0/11	956/
(Document Num	ber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpora" Company or "Co." may not be used in the name.	ation" or "incorporat	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2690	N. Narcossee Rd
	Saint C	land, FL 3477/
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		a, enter the name of the
Name of New Registered Agent:	·	
	,	Florula street address)
New Registered Office Address:		
		Florida
	(City)	(Zīp Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		pt the obligations of the position.
<del></del>	Signature of New Reg	istered 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: XChange X Remove X Add	<u>V</u> <u>M</u>	ohn Doe ike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	CINDY HOWARD	4957 CYPRESS HAMMOCK DR.
Add			SAINT CLOUD, FL 34771
X Remove			
2) Change	<u>T</u>	HEATHER WRIGHT	4957 CYPRESS HAMMOCK DR.
X Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

<mark>f amending or addin</mark> atach additional shee	ts, if necessary).	(Be specific)					
		<del>_</del> _	<del></del>		 	<del></del>	
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	SEPTEM	BER 20, 2016	
	ch amendment(s) adoption:	·	, if other than the
date this docum	nent was signed.		
	SEPTEMBER 21, 2016	5	
Effective date			
	(no more th	an 90 days after amendment file date)	
	ite inserted in this block does not meet the fective date on the Department of State's	he applicable statutory filing requirements, this date will no srecords.	ot be listed as the
Adoption of A	mendment(s) (CHECK)	ONE)	
	dment(s) was/were adopted by the mem sufficient for approval.	ibers and the number of votes cast for the amendment(s)	
	no members or members entitled to vot by the board of directors.	e on the amendment(s). The amendment(s) was/were	
ſ	Dated 5/31/17	<del></del>	
\$	Signature D	oblis-Peasa	<u></u>
		nan of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or y by that fiduciary)	
	MARIA ROBLES-PEARS	ON	
	(Ту	eped or printed name of person signing)	
	PRESIDENT		
		(Title of person signing)	