NO7000007257

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Bocument Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer. 13 To MAD Who light sted on 18. 4.
Correction	to be Uplated 5.10
	Office Use Only



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10/14/16--01009--001 **5.00

09/19/16--01026--021 **30.00

SECNETARY OF STATEMS
ONVISION OF CORPORATIONS
16 OCT 25 PM 3: 10

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2016

YURI YAMASHITA ADLERIAN SCHOOL ASSOCIATION, INC. 4515 38TH AVENUE NORTH ST. PETERSBURG, FL 33713

SUBJECT: ADLERIAN SCHOOL ASSOCIATION, INC.

Ref. Number: N07000007257

We have received your document for ADLERIAN SCHOOL 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):

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

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 816A00022486

Cheryl R McNair Regulatory Specialist II Mission 25 px 3: 10

COVER LETTER

Division of Cor			60
SUBJECT: Adley	ian School Name of Lim	Association, INC	16 OC 1 25 PM 3.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	ب ې
Please return all correspo	ndence concerning this matter	to the following:	
	Yuri Yam	Name of Person	
	Adlerian So	chal Associa	ition, INC.
	4515 384	Avenue North	
	St. Petersbu	Org., FL 33713 Oty/State and Zip Code	
	alfredadler 5 E-mail address: (Chool @ gmail . Com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Yuri Yaması Name of		at (727) 329 - Area Code Daytime	9545 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILL	NG ADDRESS:	STREET/COURIE	FR ADDRESS:

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

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

Division of Corporations	\
NAME OF CORPORATION: Adlerian School Association, IA	グ C'
DOCUMENT NUMBER: <u>N0700007257</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Yuri Yamashita (Name of Contact Person)	
Adlerian School Association, INC	<u> </u>
4515 38th Ave N	
St. Petersburg, FL 33713 (City/ State and Zip Code)	
Alfredadler Schoil amail Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Yuri Yamashita at 727 329 9545	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing Address	

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) NO 700007257
(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: 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:

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

If amending the Officers and/or Directors, enter the title and name of each officer/director bein	g 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Shawn Hannan	
Add Remove	•		St. Petersburg, FL 33713
2) Change	D	Nancy Drwal	4515 38th Ave N
Add Remove		•	St. Petersburg, FL 33713
3) Change	_ <u>D</u>	Dennis Macke	4515 38th AW N
Add Remove			5t. Petersburg, FL, 33713
4) Change			
Add			
5) Change			
Add Remove		!	
6) Change			
Add			
Remove		Page 2 of 4	

. If amending or adding additional (attach additional sheets, if necessar	y). (Be specific)			
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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	. •
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 16/4/	111	,
	man or vice chairman of the board, president or other officer-if directors	<u></u>
	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	•
Ma	rk Carman	
•	(Typed or printed name of person signing)	
Dic	ector	
	(Title of nerson signing)	