## N08000011614

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	CLASS	of	1952	Dillan	d Hgh
7	SC HOOL	Inc			
DOCUMENT NUMBER:	40B00	11 00	614		
The enclosed Articles of Amenda	nent and fee are	submitted	for filing.		
Please return all correspondence	concerning this r	natter to th	e following:		
<u> </u>	(Name of C	S +o	ford		-
3460	(Firm/	23 Company)	ed st		-
3460	<u></u> ηω (A	33 lb ddress)	SF		_
For further information concerning	` •	and Zip Co	FL de)	<u> 33311</u>	_
CLANTICE Stra- (Name of Contact Person	flord	at (	Nrea Code & Day	714 30 time Telephone	97 Number)
Enclosed is a check for the follow	ving amount mad	ie payable	to the Florida	Department o	f State:
\$35 Filing Fee \$43.75 Fi Certificat	ling Fee & e of Status	Certif	5 Filing Fee & ied Copy tional copy is osed)	Cer Cer (Ad	.50 Filing Fee tificate of Status tified Copy Iditional Copy enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenda Division Clifton 2661 Ex	Address ment Section n of Corporation Building secutive Cente ssee, FL 32301	r Circle	

•	Articles of Amend	lment   DIVISION O	FILED ARY OF STATE F CORPORATIONS
	to Articles of Incorpo of	ration 09 APR 1	O PM 2: 47
CLASS of	1952 DU	land Ityl	
(Name of Corporation	on as currently filed with	the Florida Dept. of	State)
	ument Number of Corporat		
Pursuant to the provisions of section the following amendment(s) to its Ar		, this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the ne	w name of the corporatio	<u>n:</u>	
The new name must be distinguisha abbreviation "Corp." or " Inc." <u>"Co</u>			
B. <u>Enter new principal office addr</u> (Principal office address <u>MUST BE</u>			
C. Enter new mailing address, if a (Mailing address MAY BE A PO			
D. If amending the registered agen new registered agent and/or the			enter the name of the
Name of New Registered Age	ent:		
New Registered Office Addre	ss: (Flor	ida street address)	<u> </u>
		(City)	, Florida (Zip Code)
New Registered Agent's Signature.  I hereby accept the appointment as		gent:	
position:	Signature of New	Registered Agent, if o	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) **Title Type of Action** <u>Address</u> <u>Name</u> 15040 DP LIAS TENL ☐ Add Remove nw Sty Ed add ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: 4 - 01 - 07
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) provai.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	Marence State of the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or ter court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Clarence Staffer
	(Title of person signing)

Page 3 of 3