## N09000000000166

(Re	equestor's Name)	
(Ad	Idress)	
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(Ci	ty/State/Zip/Phone	#)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Choices in Le	earning PTO, Inc	
DOCUMENT NUM	IBER: N0900007616		
The enclosed Article	es of Amendment and fee are sub	mitted for filing.	
Please return all corr	respondence concerning this matt	er to the following:	
<del></del>	<del></del>	a L Williams	
	(Name of	Contact Person)	
	Choices in L	eaming PTO, Inc	
	(Firm	/ Company)	<del></del>
	893	E SR 434	
		Address)	
	Longwo	od, FL 32750	
	<del></del>	e and Zip Code)	
•		diot@aol.com I for future annual report notifica	ition)
For further informati	on concerning this matter, please	call:	
Patricia L William	ns	at ( 386 ) 503-612	6
(Name	e of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check	for the following amount made pa	ayable to the Florida Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Issaece, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



Choices In Le	earning PTO, Inc	9
	tly filed with the Florida Dept. of St	ate)
N0900	0007616	
	er of Corporation (if known)	<del> </del>
Pursuant to the provisions of section 617.1006, Fl the following amendment(s) to its Articles of Inco		Profit Corporation adopts
A. If amending name, enter the new name of the	he corporation:	
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "		orporated" or the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		pt the obligations of the
Sign	nature of New Registered Agent, if cha	unging

## 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	Name	Address	Type of Action
<del></del>			☐ Add ☐ Remove
<u> </u>			_
			_ ☐ Add _ ☐ Remove
(attach d	ading or adding additional Articles, enter additional sheets, if necessary). (Be speci- organization is organized exclusively	ific)	cational and
scientific	purposes, including, for such purpo	ses, the making of distributio	ns to organi-
zations ti	hat qualify as exempt organizations	under section 501(c)(3) of the	e federal tax
code.			
b. Upon	dissolution of the organization, asse	ets shall be distributed for one	or more ex-
empt pur	poses within the meaning of section	n 501(c)(3) of the Internal Rev	enue Code, or
correspo	nding section of any future federal to	ax code, or shall be distribute	d to the feder-
al govern	nment, or to a state or local governm	nent, for a public purpose. Ar	y such assets not
	of shall be disposed of by the Cour		
	ipal office of the organization is ther		
· · · ·	anization or organizations as said C		
<del>_</del>	l exclusively for such purpose.		

The date of each amendment(s) adoption: December 11, 2009		
Effective date <u>if applicable</u> :	August 1, 2009 (date of adoption is required)	
<del></del>	(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	re adopted by the members and the number of votes cast for the amendment(s) roval.	
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.	
Signature (By hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
· .	Patricia L Williams (Typed or printed name of person signing)	
	Vice-President, Choices in Learning PTO, Inc	
	(Title of person signing)	