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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Choices in Learning ON:	PTO, Inc	<del></del>	
DOCUMENT NUMBER:	N09000007616			
The enclosed Articles of Am	nendment and fee are subr	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Darby Carey				
		(Name of Contact Po	erson)	· · · · · · · · · · · · · · · · · · ·
Choices in Learning PTO, I	nc			
		(Firm/ Company	y)	
1379 Schooner Ct				
	·	(Address)	<u>.</u>	
Winter Springs, Fl 32708				
<del></del>		(City/ State and Zip	Code)	
PTO@choicesinlearning.org	<u>t</u>			
E	-mail address: (to be used	for future annual rep	nort notification	n)
For further information conc	erning this matter, please	call:		
Darby Carey		at	407	929-9945
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida I	Department of	State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certil s Certil (Add:	it Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing A			reet Address	
Amendmen	Amendment Section			
Division o	Division of Corporations			
P.O. Box 6			fton Building	Santa Ciarla
r ananasse	e, FL 32314	26	61 Executive O	Lenter Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Choices in Learning PTO, Inc

(Name of Corporation	as currently filed with the Flo	orida Dept. of State)
N09000007616		
(Docum	ment Number of Corporation (if)	known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		
(Principal office address MUST BE A STREET A	(DDRESS)	- 1
	<del>.</del>	
	····	<u> </u>
C. Enter new mailing address, if applicable:		i (c)
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )	
	<del></del>	Tuest and the second
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		a, enter the name of the
new registered agent and/or the new register	Darby Carey	
Name of New Registered Agent:	——————————————————————————————————————	<del></del>
	1379 Schooner Ct	
New Registered Office Address		Florida street address)
THE MESSAGE STATE STATE STATE COST	Winter Springs	32708
	(City)	, Florida
	(Ciţ)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered ager	it. Tam familiar with and accep	if the obligations of the position.
-	Signature of New Regis	stered 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: X Change X Remove X Add	<u>V</u> <u>N</u>	ohn Doe Aike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Russell R Waters	631 Marlin Rd
Add X Remove			Winter Springs, FI 32708
2) Change	<u>T                                    </u>	Lisa Hodgson	3322 Sterling Lake Cir
Add X Remove			Oviedo, Fl 32765
3) $\frac{X}{2}$ Change	P	Darby Carey	1379 Schooner Ct
Add			Winter Springs, Fl 32708
4) Change	V	Tara Baril	2212 Winter Woods Blvd
X Add Remove			Winter Park, Fl 32792
5) Change	<u>-</u>		
Add			
6) Change			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)					
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The date	te of each amendment(s) adoption:	_, if other than the
date this	s document was signed.	
Effective	e date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not but's effective date on the Department of State's records.	e listed as the
Adoptio	on of Amendment(s) (CHECK ONE)	
	e amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) s/were sufficient for approval.	
	ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.	
	Dated 7/26/2017	
	Signature	<del>-</del>
	(By the chafrman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Darby Carey	
	(Typed or printed name of person signing)	
	Presidens	
	(Title of person signing)	