## N100000349

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C. GOLDEN AUG - 7 2018

## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Innovation Montess	ori Ococe, Inc.
N10000003649 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	emitted for filing.
Please return all correspondence concerning this matt	er to the following:
Melissa Gross-Arnold, Esq., B.C.S.	
	(Name of Contact Person)
Arnold Law Firm	
	(Firm/ Company)
6279 Dupont Station Court	
	(Address)
Jacksonville, FL 32217	
	(City/ State and Zip Code)
melissa@arnoldlawfirmllc.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	call:
Melissa Gross-Arnold, Esq., B.C.S.	904 731-3800 at
(Name of Contact Persor	(Area Code) (Daytime 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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

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

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

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 AUG -6 PM 4:58

Innovation Montessori Ocoee, Inc.

(Name of Corporation as	currently filed with the Flor	rida Dept. of State) ORE TARY OF STA
N10000003649		TALLAHASSÉE, F
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
Innovation Montessori, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Œ	lorıda street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		the obligations of the position.
<del></del>	Signature of New Regist	tered 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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Sherilyn Moore	847 Ayden Oak Lane
Add			Ocoee, FL 34761
XRemove			
2) Change		Heather Kerr Moore	2821 Marquesas Court
Add			Windemere, FL 34786
X Remove			
3) X Change	P	Jeremy Bellis	321 Trancas Court
Add			Ococe, FL 34761
Remove			
4) X Change	VP	Allie Braswell	638 Lost Grove Circle
Add			Winter Garden, FL 34787
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

L. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
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The	: date of each amendment(s) adopt	ion;	, if other than the
date	this document was signed.		
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted in this block outpets to the Department's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will rement of State's records.	not be listed as the
Ade	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	Dated Signature	1/18 Braswell	
	(By the chairman have not been so	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Allie Braswe	ii	
	<del></del>	(Typed or printed name of person signing)	
	Vice Preside	nt	
		(Title of person signing)	