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COVER LETTER

TO: Amendment Section **Division of Corporations**

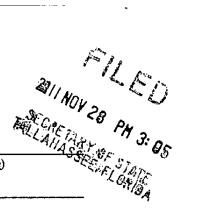
NAME OF CORPORATION	ON: Jamaica Deaf Educat	ion Project Inc.	
	2410000010124		
DOCUMENT NUMBER:	N10000010134		
The enclosed Articles of An	nendment and fee are subr	nitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
		jts-	
Sheryl Stark		•	
	(Nam	e of Contact Person)	
Jamaiaa Danf Education Dec	since Ima		
Jamaica Deaf Education Pro	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Firm/ Company)	
	(rimi Company)	
	,		
787 SE River Court			
		(Address)	
D . G. T . L . ET . A . A . A			
Port St. Lucie, FL 34983	<u> </u>	15: 15: 6 1)	
	(City/	State and Zip Code)	
jdep4deaf@a	att.net -mail address: (to be used	for future annual report	notification)
	man assissi (to be asea	Tor retard annual report	
For further information cond	erning this matter, please	call:	
Sheryl Stark		at (_754	224-0835
(Name of Co	ntact Person)	(Area C	ode & Daytime Telephone Number)
		11	
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Dep	artment of State:
☐ \$35 Filing Fee	□\$ 43.75 Filing Fee &	□\$43.75 Filing Fee &	☑\$52.50 Filing Fee
_ +-+	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy is
			enclosed)
Mailing A	ddroce	Street	Address

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** of



Jamaica Deaf Education Project Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000010134

(Document Number of Corpo	ration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not F</i>	For Profit Corporation adopts the
A. If amending name, enter the new name of the corpora	tion:	
N/A		
The new name must be distinguishable and contain the word "Corp." or "Inc." <u>"Company" or "Co." may not be used in</u>		corporated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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: new registered agent and/or the new registered office:		a, enter the name of the
	······································	
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida street address)	<u></u>
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	miliar with and accep	t the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

· If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	Name		Address	
1) <u>PSD</u>	Sheryl Stark		787 SE River Court Port St. Lucie, FL 34983	<u> </u>
2) <u>TD</u>	Jeffrey Stark		787 SE River Court Port St. Lucie, FL 34983	
3) <u>D</u>	Natalie Stark		5276 Lake Osborne Drive Lake Worth, FL 33461	
4) <u>D</u>	Gloria Headley	<u>j</u>	311 Misty Lane Roswell, GA 30076	
5) <u>D</u>	Andrea Tracey	<u>i</u>	2483 Atlantis Drive	
6) <u>D</u>	Joan Love-Henry		Fort Pierce, FL 34981 Redground District Old Harbour, St. Catherine Jamaica West Indies	
If REMOVING	an officer and/or director, please list			
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1)	N/A	4)		
2)		5)		
3)		6)		

E. If a mending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	
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	The state of the s
	7-1-574-574-7-1
 	
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The date of e	ach amendment(s) adoption: November 17, 2011
Effective date	e <mark>if applicable:</mark> (no more than 90 days after amendment file date)
Adoption of A	Amendment(s) (CHECK ONE)
	ndment(s) was/were adopted by the members and the number of votes cast for the amendment(s) e sufficient for approval.
	e no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.
	Dated November 17, 2011 Signature
	(By the chairman 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)
	Sheryl Stark
	(Typed or printed name of person signing)
	President, Secretary, Director
	(Title of person signing)

• • •

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