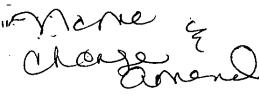
N11000006079

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| . (Ad | ldress) | |
| (Ad | ldress) | . |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| . (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Atwater PTO Inc Name of Corporation |
| DOCUMENT NUMBER: |
| The enclosed! American : nd fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Michelle Friend Name of Contact Person Atwater Elementary PTD ha. Firm/Company 4701 Huntsville Ave Address North Port FL 34288 City/State and Zip Code Atwater Ptop ayahoo.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Michelle Friend at (239) 218-4248 Name of Contact Person at (239) Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2013

Michelle Friend Atwater Elementary PTO Inc. 4701 Huntsville Ave. North Port, FL 34288

SUBJECT: ATWATER PTO, INC. Ref. Number: N11000006079

We have received your document for ATWATER PTO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A registered agent change form can not be used to change the name of the corporation or the officers of the corporation. I have enclosed an amendment form that you may fill out and return to us. You may change the name of the corporation as well as the officers and registered agent on the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 213A00015781

Annette Ramsey Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation FILED

| | Articles of Incorpor | ration | 2013 JUL 16 PH 4.34 |
|---|--|---|--|
| | of | | NAME OF THE PARTY. |
| | | j | STATE OF STATE |
| (Name of Corporation as currently | filed with the Florida Dept. o | f State) | MAUL AHASSEE, FLORID |
| 0+1 | water OTO | TÓC | 70 |
| (Degum | ent Number of Corporation (if | AN I C | <u> </u> |
| (DACUM | can reamost of Corporation (ii | known) | * |
| Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation | 06, Florida Statutes, this <i>Florid</i> 11 | ia Not For Proj | ************************************** |
| A. If amending name, enter the new name | of the corporation: | i İ | ; |
| atwater E | Lementary, | DTO I | YC The ne |
| name must be distinguishable and contain th | e word "corporation" or "inc | orporated" or t | he abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in th | <u>e name.</u> 1/h | | 1. 1. 11 0 |
| 3. Enter new principal office address, if a | | 01 176 | intsville aug |
| Principal office address <u>MUST BE A STRI</u> | EET ADDRESS) | 1th Do | int El |
| | | 111 10 | 7116 |
| | | <u> </u> | 54288 |
| · Eutopassa milian addaga if analisat | | | 1 |
| Enter new mailing address. If applicable (Mailing address MAY BE A POST OF) | | | |
| | | 1 | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | : |
| | N | - | |
| . If amending the registered agent and/o | r registered office address in | Florida, enter | the name of the |
| new registered agent and/or the new re | gistered office address: | <u>, </u> | |
| Name of New Registered Agent: | Michelle | ciend | |
| | Union Hinde | 0 مالان | 1.0 |
| | (Florida street a | ddress) | <u> </u> |
| New Registered Office Address: | - 4 | | |
| | Onrth Port | - | Florida 734288 |
| - | (City) | , | (Zip Code) |
| | (0.9) | : { | ; (zip Code) |
| ew Registered Agent's Signature, if change | zing Registered Agent: | i | |
| hereby accept the appointment as registered | i agent. I am familiar with an | a accept the ob | ligations of the position |
| <u> </u> | rule In | lexa | |
| | ignature of New Registered Ag | gent, if changing | <u> </u> |
| • | | į | į |

Page 1 of 4

| | ves the corporation | nanner. Currently John Doe is listed as the P. on, Sally Smith is named the V and S. These sh SV as an Add. | |
|----------------------------------|---|---|-------------------|
| Example: X Change X Remove X Add | V John D SY Sally S | ones | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>∆ddres</u> s |
| 1) Change Add | <u>V</u> | Martha Head | Same as School |
| Remove 2) Z Change Add | <u>p</u> | Michelle Friend | Same as School |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove | |) } | 1 |
| 5) Change Add Remove | | | |
| 6) Change | · · | | |
| Remove | | | |

Page 2 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

 $I' = President; V \cdot Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO \cdot Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office$

address of each Officer and/or Director being added:

held. President, Treasurer, Director would be PTD.

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | |
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| date | e date of each amendment(s) adoption: | , if other than the |
|------|--|---------------------|
| Ado | option of Amendment(s) (CHECK ONE) | |
| | The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval. | |
| Ø | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| ah. | Dated July 15,2013 Signature Michell French | <u> </u> |
| | (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) | |
| | Michelle Friend | |
| | (Typed or printed name of person signing) Proudest PTO | |
| | (Title of person signing) | |