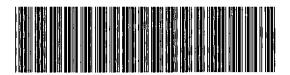
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Consist tratements as to	Filing Officer	
Special Instructions to	Filing Omcer:	
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Office Use Only



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SECRETARY OF STATE

NILAHASSEE FLURIOR

AMOUNT News 8-24-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROCHELLE S	CHOOL OF THE ARTS	S, PTO, CORP
DOCUMENT NUM	IBER: N11000007069		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
		M. BUTLER-CAPO	
	(Name of t	Contact Person)	
	ROCHELLE SCHOOL	OF THE ARTS, PTO, COR	P
	(Firm/	(Company)	
	1501 NORTH MARTIN	N LUTHER KING AVENUE	
		ddress)	
	LAKELAND	EL ODIDA 20005	
		FLORIDA 33805 e and Zip Code)	
	(eng) out		
	KSCAPO@TAMPABA E-mail address: (to be used	AY . RR . COM I for future annual report notifica	ation)
For further informati	on concerning this matter, please	call:	
KATHLEEN M. E	UTLER-CAPO	at (407) 902-539	5
(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	t of State:
7\$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	ling Address ndment Section	Street Address Amendment Section	
	sion of Corporations Box 6327	Division of Corporation Clifton Building	ons
Talla	hassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	

FILED

Articles of Amendment to Articles of Incorporation of

11 AUG 23 PM 3: 14

-SECRETARY OF STATE

ROCHELLE SCHOOL OF THE ARTS, PTO, CORP

ration adopt
or the

e of the

ode)

Signature of New Registered 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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach additi	or adding additional Articles, enter chional sheets, if necessary). (Be specific) ANIZATION IS ORGANIZED EXC)	BLE,
RELIGIOUS,	EDUCATIONAL, AND SCIENTIFI	C PURPOSES, INCLUDING	G, FOR SUCH
PURPOSES,	THE MAKING OF DISTRIBUTION	S TO ORGANIZATIONS T	HAT QUALIFY
AS EXEMPT	ORGANIZATIONS UNDER SECT	ION 501(c)(3) OF THE INT	ERNAL
REVENUE C	ODE, OR CORRESPONDING SEC	CTION OF ANY FUTURE F	EDERAL TAX
CODE.			
2UPON THE	DISSOLUTION OF THE ORGANIZ	ZATION,ASSETS SHALL B	E DISTRIBUTE
FOR ONE OF	R MORE EXEMPT PURPOSES W	ITHIN THE MEANING OF S	SECTION
501 (c)(3) OF	THE INTERNAL REVENUE COD	E, OR CORRESPONDING	SECTION
OF ANY FUT	URE FEDERAL TAX CODE, OR S	SHALL BE DISTRIBUTED T	O THE
FEDERAL GO	OVERNMENT, OR TO A STATE C	R LOCAL GOVERNMENT,	FOR A PUBLIC
PURPOSE. A	NY SUCH ASSETS NOT DISPOS	SED OF SHALL BE DISPOS	SED OF BY THE
COURT OF C	COMMON PLEAS OF THE COUN	TY IN WHICH THE PRINCI	PAL OFFICE OF
THE ORGAN	IZATION IS LOCATED, EXCLUSI	VELY FOR SUCH PURPOS	SES OR TO
	NIZATION OR ORGANIZATIONS		
-	ORGANIZED AND OPERATED E		

The date of each amendmen	nt(s) adoption: 8-17-2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
Dated 8-1	8-2011
Signatu ce	Lasteen M Cutter Caso
ha	by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator — if in the hands of a receiver, trustee, ther court appointed fiduciary by that fiduciary)
	KATHLEEN M. BUTLER-CAPO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Page 3 of 3