N11000007593

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Keystone Academy Parent Teacher Org.
DOCUMENT NUMBER: N11000007593
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dawn Dixon, PTO President (Name of Contact Person)
The Mainspring Academy PTO (Formerly (Firm/Company)
6867 Southpoint Dr. N Ste 103 (Address)
Jackson Ville, FL 32216-8005 (City/State and Zip Code)
E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 941-952-8715 (Cell) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee & \$\sumestyle{\subset}\$\$\$43.75 Filing Fee & \$\sumestyle{\subset}\$\$\$Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is Enclosed) \$\subset\$
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

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

Articles of Incorporation

of

The Keystone Acade	emy Parent	- Teacher Organiz Horida Dept. of State)	ection, Inc.
N11000075			
	Number of Corporation (it	î known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the fe	ollowing
A. If amending name, enter the new name of the cor	poration:	,	
Mainspring Acad	lemy Parent I	eacher Organization	Inc.
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDIS		v/a	
	<u></u>		
C. Enter new mailing address, if applicable:		•	—
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	0N/-		- ST VISS
			<u> </u>
	 		- 2 FF
D. If amending the registered agent and/or registere	d office address in Florid	a, enter the name of the	7 300
new registered agent and/or the new registered of	ffice address:		T (3)
Name of New Registered Agent:		_N/a	
<u> </u>			—————————————————————————————————————
New Registered Office Address:	,	(Florida street address)	
		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and acce	pt the obligations of the position.	
	Signature of New Reg	istered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	VP	Jacqueline Bargas	204 Pablo Rd. Ponte Vedea Beach, FL 32082
2) Change Add	VP_	Marthew Sollivar	184 Woodcross Dt. St. John's , FL 32259
Remove 3) Change Add Remove	Sec_	Candie Horrocks	125 Sotland ford Bld St. John's, FL 32259
4) Change Add Remove	Sec	Amy Mager	96271 Palm Bloff Dr. Fernadina Beach, FL 32034
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)			
		N/A		
		N/H		
		,		
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			· · · · · · · · · · · · · · · · · · ·	
		·		
			<u>.</u>	
		10.4.	 	
			 	

The date of each amendment(s) adopt	ion: 0-3-15	, if other than the
date this document was signed.	•	FILED
Effective date if applicable:		FILED SEGRETARY OF STACE DIVISIEN OF GORPOS CHORE
Ellective date is appropriate.	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statutory filingment of State's records.	15 JUL 24 AM 8: 17 g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of vote	es cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The	e amendment(s) was/were
Dated <u>2-20-</u>	-15	
Signature	Dawn Dixon	
have not been se	n or vice chairman of the board, president of elected, by an incorporator — if in the hand binted fiduciary by that fiduciary)	
	Dawn Dixon	
	(Typed or printed name of pers	on signing)
•	(Title of person sign	ning)