

N13000001812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

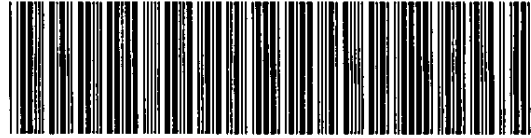
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



400302278354

08/10/17--01017--012 **35.00

SEP 15 2017
S. YOUNG
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 SEP 14 PM 2:15
FILED

August 30, 2017

LINDSAY ZULLO
STUDENTS SURVIVAL INCORPORATED
14851 STATE ROAD 52 UNIT 107-205
HUDSON, FL 34669

SUBJECT: STUDENTS SURVIVAL INCORPORATED
Ref. Number: N13000001812

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

The registered agent must sign accepting the designation. 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 517A000167

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

RECEIVED
17 SEP 14 PM 2:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STUDENTS SURVIVAL INCORPORATED

DOCUMENT NUMBER: N13000001812

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsay Zullo

(Name of Contact Person)

STUDENTS SURVIVAL INCORPORATED

(Firm/ Company)

14851 State Road 52

Unit 107-205

(Address)

Hudson, FL 34669

(City/ State and Zip Code)

Lindsay@StudentsSurvival.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Zullo

(Name of Contact Person)

at

614-433-5073

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

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

STUDENTS SURVIVAL INCORPORATED

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

N13000001812

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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 ADDRESS**)

14851 State Road 52

Unit 107-205

Hudson, FL 34669

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

Same

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Lindsay Zullo

14851 State Road 52 Unit 107-205

(Florida street address)

New Registered Office Address:

Hudson

(City)

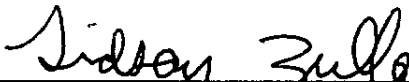
Florida

(Zip Code)

FILED
17 SEP 14 PM 2:15
TALLAHASSEE FLORIDA
SECRETARY OF STATE

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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)

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u> S </u>	<u>James P Maloney Jr</u>	<u>6235 Tower Dr</u>
<u> </u> Add			<u>Hudson, FL 34667</u>
<u> X </u> Remove			<u> </u>
2) <u> X </u> Change	<u> S </u>	<u>Christina Fitzpatrick</u>	<u>14851 State Road 52</u>
<u> </u> Add			<u>Unit 107-205</u>
<u> </u> Remove			<u>Hudson, FL 34669</u>
3) <u> X </u> Change	<u> </u>	<u>All Officers/Directors</u>	<u>14851 State Road 52</u>
<u> </u> Add		<u>Address Update</u>	<u>Unit 107-205</u>
<u> </u> Remove			<u>Hudson, FL 34669</u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

[illegible]

The date of each amendment(s) adoption: 8/8/17, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ 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 9/8/17

Signature Lindsay Zullo
(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)

Lindsay Zullo
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)