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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. TALLENT

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2017

JEFFREY S. WOOD, ESQ MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL PLAZA, SUITE 2602 FORT LAUDERDALE, FL 33394

SUBJECT: INNOVATION CHARTER SCHOOL, INC.

Ref. Number: N13000006440

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 517A00019305

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	HARTER SCHOOL, INC.				
DOCUMENT NUM	N13000006440					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	Jeffrey S. Wood, Esq					
		Name of Contact Person	n			
	May, Meacham & Davell, P.A.					
	Firm/ Company					
	One Financial Plaza, Suite 2602					
		Address				
	Fort Lauderdale, Florida 33394					
		City/ State and Zip Cod	e			
Jwe	ood@mmdpa.com		/			
	- •	sed for future annual report	notification)			
For further informat	ion concerning this matter, pleas	se call:				
Jeffrey S. Wood		at (763-6006			
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Corporations		Iment Section on of Corporations Building				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as curren	tly filed with the	Florida Dept. of St	ate)	
N13000006440					
(Docu	ment Numb	er of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida N</i> e	ot For Profit Corpor	vation adopts the follow	ving
A. If amending name, enter the new name of th	e corporati	on:			
N/A				The r	n <i>e</i> w
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam		ion" or "incorpo	orated" or the abbrev		
B. Enter new principal office address, if applica	able:	N/A			
(Principal office address <u>MUST BE A STREET</u> A		•		:	
				1-4-1 gr. #	
				, joint 1	<u>_</u> -
C. Francisco militar adduser (Counties).				ion 1	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A			_ [
				41, 12, 12, 12, 12, 12, 12, 12, 12, 12, 1	Ξ ξ
				<u> </u>	-
					<u></u>
D. If amending the registered agent and/or regi	into and office	a addusa in 171a		CAL-	
new registered agent and/or the new register			rida, enter the name	e or the	
		Wood, Esq.			
Name of New Registered Agent:					
	One Final	ncial Plaza, Suite			
New Registered Office Address	:		(Florida street addres	s)	
	Fort Laud	erdale		33394	
		(City)		Florida(Zip Code)	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered age	nt. I am fai	niliar with and ac	ccept the obligations	of the position.	
			. /		
-		14 12 2.			
	Si	gnamre of New H	Registered Agent, if c	nanging	

Page 1 of 4

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.

X Change	PT John	Doe	
X Remove	V Mike	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D / P	Chad Causey	600 SW 3rd Street
Add			Pompano Beach, Fl 33060
X Remove			
2) X Change	<u>s</u>	Tammy Hoskins	600 SW 3rd Street
Add			Pompano Beach, Fl 33060
Remove			
3) Change	D	Leiza Gomes	600 SW 3rd Street
Add			Pompano Beach, Fl 33060
X Remove			
4) Change	D / C	Paul Walker	600 SW 3rd Street
X Add			Pompano Beach, Fl 33060
Remove			
5) Change	D	David Salvatelli	600 SW 3rd Street
X Add			Pompano Beach, Fl 33060
Remove			
6) Change	D	Tylena Adudu	600 SW 3rd Street
X Add			Pompano Beach, Fl 33060
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			
	· · · · · · · · · · · · · · · · · · ·		
	·		
	· · · · · -		

		September 1, 2017	
		ndment(s) adoption:	, if other than the
date	this document was	s signed.	
Effe	ective date <u>if ap</u> pli	cable:	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will no ate on the Department of State's records.	t be listed as the
Add	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no men adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	September 1, 2017	
	Signature	Jamony Y Hoskins	
		(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)	
		Tammy J. Hoskins	
		(Typed or printed name of person signing)	
		Secretary	
		(Title of person signing)	