

N14000008570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

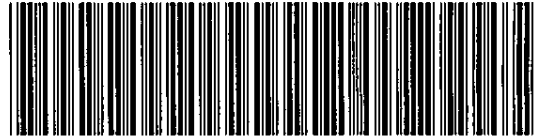
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/15--01003--024 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN -9 AM 11:25

JUN 10 2015
T CANNON

Christy Donat-Germain

906 18th Ave N

Jacksonville Beach, FL 32250

904-415-9660

June 5, 2015

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Ms. Tina Cannon,

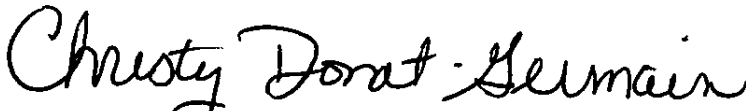
I have enclosed the corrected information that you have asked for from Free Range Learning Cooperative, Inc.

My home address is 906 18th Ave N, Jacksonville Beach, FL 32250.

Additionally, I have also included 2 of 4 with a change as well. The individual Laura Ingrosoll has resigned so we do not need her to be added. And, Kristen Suter needs to be removed.

If there are any other needs please contact me at 904-415-9660.

Sincerely,



Christy Donat-Germain

RECEIVED

15 JUN -9 AM 9:14

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

CHRISTY DONAT-GERMAIN
FREE RANGE LEARNING COOPERATIVE, INC.
P.O. BOX 57741
JACKSONVILLE, FL 32241 US

SUBJECT: FREE RANGE LEARNING COOPERATIVE, INC.
Ref. Number: N1400008570

We have received your document for FREE RANGE LEARNING COOPERATIVE, 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):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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.

Tina D Cannon
Regulatory Specialist II

Letter Number: 015A00010631

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Free Range Learning Cooperative, Inc.

DOCUMENT NUMBER: N14000008570

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

Please return all correspondence concerning this matter to the following:

Christy Donat - Germain
(Name of Contact Person)

Free Range Learning Cooperative, Inc.
(Firm/ Company)

~~P.O. Box 5774~~ 906 18th ave N
(Address)

Jacksonville, ^{Beach} FL ~~32241~~ 32250
(City/ State and Zip Code)

frlcboard@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Donat-Germain at (904) 415-9660
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Free Range Learning Cooperative, Inc.

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

15 JUN -9 AM 11:25

114000008570

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: Christy J. Donat-Germain

~~P.O. Box 57741~~ 906 18th aven

(Florida street address)

New Registered Office Address:

Jacksonville Beach

(City)

Florida

32250

32250

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.

Christy J. Donat-Germain

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>Cari Holbrook</u>	<u>P.O. Box 57741</u> <u>Jacksonville, FL</u> <u>32241</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>Laura Burr Smith</u>	<u>P.O. Box 57741</u> <u>Jacksonville, FL</u> <u>32241</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>Michelle Holley</u>	<u>P.O. Box 57741</u> <u>Jacksonville, FL</u> <u>32241</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>Mary Riker</u>	<u>P.O. Box 57741</u> <u>Jacksonville, FL</u> <u>32241</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>Dawn Josephson</u>	<u>P.O. Box 57741</u> <u>Jacksonville, FL</u> <u>32241</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u> <u>PTD</u>	<u>Dennis Wolf</u> <u>Kristin Suter</u>	<u>P.O. Box 57741</u> <u>Jacksonville, FL</u> <u>32241</u>

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u>	<u>Sherril Eddy</u>	<u>P.O. Box 57741</u> <u>Jacksonville FL</u> <u>32241</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u>	<u>Sarah Michael</u>	<u>Po Box 57741</u> <u>Jacksonville FL</u> <u>32241</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u>	<u>Andrea LeDew</u>	<u>Po Box 57741</u> <u>Jacksonville FL</u> <u>32241</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u>	<u>Kristen Perryman Wilson</u>	<u>Po Box 57741</u> <u>Jacksonville FL</u> <u>32241</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u>	<u>Lori Lee</u>	<u>Po Box 57741</u> <u>Jacksonville FL</u> <u>32241</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u> <u>PTD</u>	<u>Laura Ingersoll</u> <u>Laura Haskett</u>	<u>Po Box 57741</u> <u>Jacksonville FL</u> <u>32241</u>

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

N/A

The date of each amendment(s) adoption: _____, 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 05-05-15

Signature Christy Donat-Germain
(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)

Christy J Donat - Germain
(Typed or printed name of person signing)

Director
(Title of person signing)