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## , COVER LETTER

**TO:** Amendment Section Division of Corporations

| Renaissance L NAME OF CORPORATION:                          | earning Academy PTO, Inc.                                                                                                                                                                           |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N14000010670                                                |                                                                                                                                                                                                     |
| DOCUMENT NUMBER:                                            |                                                                                                                                                                                                     |
| The enclosed Articles of Amendment and fee a                | re submitted for filing.                                                                                                                                                                            |
| Please return all correspondence concerning thi             | s matter to the following:                                                                                                                                                                          |
| Linda Rudy, Treasurer                                       |                                                                                                                                                                                                     |
| -                                                           | (Name of Contact Person)                                                                                                                                                                            |
| The Learning Academy PTO, Inc.                              |                                                                                                                                                                                                     |
|                                                             | (Firm/ Company)                                                                                                                                                                                     |
| 18370 Limestone Creed Road                                  |                                                                                                                                                                                                     |
|                                                             | (Address)                                                                                                                                                                                           |
| Jupiter, FL 33458                                           |                                                                                                                                                                                                     |
|                                                             | (City/ State and Zip Code)                                                                                                                                                                          |
| thonsberger@tlacad.org                                      |                                                                                                                                                                                                     |
| E-mail address: (to l                                       | be used for future annual report notification)                                                                                                                                                      |
| For further information concerning this matter,             | please call:                                                                                                                                                                                        |
| Linda Rudy                                                  | 561 632-0270<br>at                                                                                                                                                                                  |
| (Name of Contact                                            | Person) (Area Code) (Daytime Telephone Number)                                                                                                                                                      |
| Enclosed is a check for the following amount n              | nade payable to the Florida Department of State:                                                                                                                                                    |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Certificate of \$ | Fee & \$\Bigsquare\$ \$\\$43.75\$ Filing Fee & \$\Bigsquare\$ \$\\$Status & Certified Copy & Certificate of Status & Certified Copy & (Additional Copy is enclosed) & (Additional Copy is Enclosed) |
| Mailing Address                                             | Street Address                                                                                                                                                                                      |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, Fl. 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILEU

| Renaissance Learning Academy PTO, Inc.                                                                 |                          |                   |                | 2017 AUG 28         | PM 2: 25        |
|--------------------------------------------------------------------------------------------------------|--------------------------|-------------------|----------------|---------------------|-----------------|
| (Name of Corporation as                                                                                | currently filed v        | with the Florida  | a Dept. of Sta |                     |                 |
| N14000010670                                                                                           |                          |                   |                | ate)                | t ruckin        |
| (Document                                                                                              | t Number of Corp         | poration (if know | wn)            | -33                 |                 |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this <i>Fl</i> | orida Not For F   | Profit Corpor  | ation adopts the fo | llowing         |
| A. If amending name, enter the new name of the co                                                      | rporation:               |                   |                |                     |                 |
| The Learning Academy PTO, Inc.                                                                         |                          |                   |                | 7                   | The new         |
| name must be distinguishable and contain the word "c                                                   | orporation" or           | 'incorporated''   | or the abbrev  | iation "Corp." or   | "Inc."          |
| "Company" or "Co." may not be used in the name.                                                        | 19270 1                  | imestone Creek    | Dand           |                     |                 |
| B. Enter new principal office address, if applicable                                                   | <u>:</u>                 | intesione Creek   | ·              |                     |                 |
| (Principal office address <u>MUST BE A STREET ADD</u>                                                  | ORESS ) Jupiter,         | FL 33458          |                |                     |                 |
|                                                                                                        | <del>.</del>             |                   | - <del></del>  |                     | _ <del></del> _ |
|                                                                                                        |                          |                   |                |                     |                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)                 | X) 18370 L               | imestone Creek    | Road           |                     |                 |
|                                                                                                        | <del></del>              | FL 33458          |                |                     |                 |
|                                                                                                        |                          |                   |                | <del></del>         |                 |
|                                                                                                        |                          |                   |                |                     |                 |
| D. If amending the registered agent and/or register                                                    |                          | s in Florida, en  | ter the name   | e of the            |                 |
| new registered agent and/or the new registered of                                                      | office address:          |                   |                |                     |                 |
| Name of New Registered Agent:                                                                          |                          |                   |                |                     |                 |
| 18                                                                                                     | 370 Limestone C          | reek Road         |                |                     |                 |
| _                                                                                                      | (Florida street address) |                   |                |                     |                 |
| New Registered Office Address:                                                                         |                          |                   |                |                     |                 |
| Juj                                                                                                    | piter                    |                   | ,              | Florida 33458       | ···             |
|                                                                                                        | (City)                   |                   |                | (Zip Code)          |                 |
| New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent. |                          | th and accept the | e obligations  | of the position.    |                 |
|                                                                                                        | Signatura                | of New Register   | od Agont if c  | hanaina             | <del>_</del> _  |

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 | <u>V</u> <u>Mi</u> | nn Doe<br>ke Jones<br>ly Smith |                            |
|-----------------------------------|--------------------|--------------------------------|----------------------------|
| Type of Action<br>(Check One)     | <u>Title</u>       | <u>Name</u>                    | Address                    |
| 1) Change                         | PD                 | Biafore, Sheree                | 1310 N. Old Congress Ave.  |
| Add                               |                    |                                | West Palm Beach, FL 33409  |
| x Remove                          |                    |                                |                            |
| 2) Change                         | D                  | Hedge, Shelly                  | 1310 N. Old Congress Ave.  |
| Add                               |                    |                                | West Palm Beach, FL 33409  |
| X Remove                          |                    |                                |                            |
| 3) X Change                       | TD                 | Rudy, Linda                    | 18370 Limestone Creek Road |
| Add                               |                    |                                | Jupiter, FL 33458          |
| Remove                            |                    |                                |                            |
| 4) X Change                       | PD                 | Birch, Jackie                  | 18370 Limestone Creek Road |
| Add                               |                    |                                | Jupiter, FL 33458          |
| Remove                            |                    |                                |                            |
| 5) Change                         | SD                 | Reppert, Ashley                | 18370 Limestone Creek Road |
| x Add                             |                    |                                | Jupiter, FL 33458          |
| Remove                            |                    |                                |                            |
| 6) Change                         | D                  | Kubiak, Liz                    | 18370 Limestone Creek Road |
| <u>x</u> Add                      |                    |                                | Jupiter, FL 33458          |
| Remove                            |                    |                                |                            |

| f amending or adding additional Arti<br>Mach additional sheets, if necessary). | (Be specific) |               |               |              |             |
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| rı          | . 4-46h                                | 8/14/2017                                                                                                                                                                                                                         | if other than the   |
|-------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|             | date of each amend this document was : |                                                                                                                                                                                                                                   | , if other than the |
| 2 66.       | ective date if applic                  | 8/14/2017                                                                                                                                                                                                                         |                     |
| 2114        | ective date <u>if applic</u>           | (no more than 90 days after amendment file date)                                                                                                                                                                                  |                     |
|             | _                                      | d in this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records.                                                                                            | be listed as the    |
| <b>\</b> de | option of Amendme                      | nt(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) for approval.                                                                                                                                   |                     |
|             | There are no membadopted by the boa    | ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.                                                                                                                                   |                     |
|             | Dated                                  | 8/21/2017                                                                                                                                                                                                                         |                     |
|             | Signature                              | Lude D. Rudy                                                                                                                                                                                                                      |                     |
|             |                                        | 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) |                     |
|             |                                        | Linda S. Rudy                                                                                                                                                                                                                     |                     |
|             |                                        | (Typed or printed name of person signing)                                                                                                                                                                                         |                     |
|             |                                        | Treasurer                                                                                                                                                                                                                         |                     |
|             |                                        | (Title of person signing)                                                                                                                                                                                                         |                     |