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Amendicus

JUL 11 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Florida Grant NAME OF CORPORATION:	Developers Network K-12, Inc.
N15000000346	
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:
Dell Griffin Quary	
	(Name of Contact Person)
Florida Grant Developers Network, K-12, Inc.	·
	(Firm/ Company)
	(Address)
	(City/ State and Zip Code)
dell.quary@polk-fl.net	
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
Dell Griffin Quary	(863) 647-4253/Ext. 53328
(Name of Contact	Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of S	Fee & \$\sumsymbol{\Pi}\$\$\$43.75 Filing Fee & \$\sumsymbol{\Pi}\$\$\$\$\$\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

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

Florida Grant Developers Network K-12, Inc.

(Name of Corporation	as curren	tly filed with the Florida	Dept. of State)		
N15000000346					
(Docun	nent Numb	er of Corporation (if know	n)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For Pr</i>	ofit Corporation ad	opts the	following
A. If amending name, enter the new name of the	corporati	on:			
n/a					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or	the abbreviation "	Corp." o	
3. Enter new principal office address, if applica	ble:	5204 US Highway 98 So	uth		
(Principal office address <u>MUST BE A STREET A</u>		Lakeland, FL 33813			
			<u> </u>	<u>₹</u> 8	201
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<i>BOX</i>)	5204 US Highway 98 So	uth	LARK S	- IN 9
	<u></u>	Lakeland, FL 33813		<u> </u>	ற
					⊒ x
D. If amending the registered agent and/or registered agent and/or the new registered			er the name of the	REM EM	2
Name of New Registered Agent:	Dell Griff	in Quary			
	5204 US Highway 98 South				
New Registered Office Address:		(Florida	street address)	. '	• • • • • • • • • • • • • • • • • • • •
	Lakeland		, Florida	33813	
		(City)	(Zip C	ode)	

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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Robin Ward	5277 Indigo Crossing Drive
Add			Viera, FL 32955
X Remove			
2) Change	P	Dell Griffin Quary	
X Add			
Remove			
3) Change	<u>T</u>	Amy Bradbury	2604 Rippee Road
Add			Tallahassee, FL 32303
X Remove			
4) Change	T	Jodie Certosimo	4204 Okecchobee Road
X Add			Fort Pierce, FL 34986
Remove			
5) Change	P	Rene Zysek	961 NE 4th Street
Add			Ocala, FL 34470
X Remove			No. 10 10 10 10 10 10 10 10 10 10 10 10 10
6) Change			
Add			
Remove			

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

The tlate of each amendment(s) adoption:	, if other than the
date this document was signed.	
July 1, 2016	
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 requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nent(s) was/were
Dated MILONE	
Signature The Manager of the Signature The S	or is it
(By the chairman or vice chairman of the board, president or other o have not been selected, by an incorporator — if in the hands of a recother court appointed fiduciary by that fiduciary)	
Dell Griffin Quary	
(Typed or printed name of person signin	g)
President, Florida Grant Developers Network K-12, Inc.	
(Title of person signing)	