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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

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JUN 0 5 2018
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COVER LETTER

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TO: Amendment Section Division of Corporations : NAME OF CORPORATION: OUT Children's of Winter Haven PTO INC. 15000001704 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Miche Lawton
(Name of Contact Person) Use Childrens of winter Haven PTO INC (Firm/Company) 330 Aur C SE
(Address) Winter Hausen Fl 33880 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Watson
(Name of Contact Person) at <u>U07 - 283-8140</u> (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: **△\$43.75** Filing Fee & **□\$43.75** Filing Fee & ☐ \$35 Filing Fee **□\$**52.50 Filing Fee Cértificate of Status Certified Copy Certificate of Status

(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

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment

	to Articles of Incorporation
Duc apidoni 20 c	of
Name of Comments	Winter Howen DTO +NC
	Les Cucrempy filed with the Florida Dept. of State)
101500	0000 1704
Pursuant to the access	nent Number of Corporation (if known)
amendment(s) to its Articles of Incorporation	rida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending pame, cuter the new name of the	corporation:
name must be distinguishable and and the	"corporation" or "incorporated" or the abbreviation "Corp." or "inc."
"Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
R. Ruter new principal office and	
(Principal office address MUST BE A STREET AD)	DRESS)
	TALL
C. Enter new mailing address, if applicable:	T S S T
(Mailing address MAY BE A POST OFFICE BO	· · · · · · · · · · · · · · · · · · ·
	E CO
D. If smending the registered and	red office address in Florida extends
D. If amending the resistered agent and/or recistered ones registered agent and/or the new registered of	office address in Florida, enter the name of the
Name of New Registered Agent:	
A Solet at Abell	
<u> </u>	
New Registered Office Address:	(Florida street acidress)
	(City) , Florida, Florida
New Registered Agent's Signature, if changing Regis	- · ·
as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.
	- · · · ·
	Sentature of N- P
	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>Mī</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	<u> </u>	mary E. Watson	644 Lake Dexterdirely Winter Haven FL 33884
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

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The date of each amendment(s) adoptate this document was signed.	ition; 4-04-18	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Depar	does not meet the applicable statutory filing requirements, rtment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the ar	nendment(s)
There are no members or member adopted by the board of directors.	rs entitled to vote on the amendment(s). The amendment(s).	was/were
Dated 5-	31-18	
Signature	wel for	
have not been:	an or vice chairman of the board, president or other officer- selected, by an incorporator – if in the hands of a receiver, pointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	