## 115000005171

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

**TO:** Amendment Section

Tallahassee, FL 32314

· Division of Corp <b>or</b> ations	
NAME OF CORPORATION: Tallahass	ce Home School (
DOCUMENT NUMBER: N1500005	
The enclosed Articles of Amendment and fee are submitted for filir	ng.
Please return all correspondence concerning this matter to the follow	wing:
Lisa Gir	ard
(Name of Co	entact Person)
3335 G	pallat Fox Trl
	-
TH A	31309
(Add	iress)
(City/ State a	and Zip Code)
(en) out	2., \$ 0.00.
E-mail address: (to be used for future an	ioual report notification)
	muai report nonneunon,
For further information concerning this matter, please call:	
Chace Mcornea (Name of Contact Person)	d at 850.443.515
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the l	Florida Department of State:
Certificate of Status Certified C (Additional enclosed)	Copy Certificate of Status al copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

	to	<b>x</b> _
	Articles of Incorporation	
Tallahosen Hame	shock Soup	2019 AUG -8 PM 3:
(Name of Corporatio	n as currently filed with the Florida Dept.	of State)
NIS	500005171	
(Docu	ment Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Flendment(s) to its Articles of Incorporation:		orporation adopts the following
If amending name, enter the new name of the	<u>ie corporation:</u>	
		The new
me must be distinguishable and contain the wor ompany" or "Co." may not be used in the nar		composition composition and
ompany" or "Co." may not be used in the nar Enter new principal office address, if applic	<u>ne.</u>	
ompany" or "Co." may not be used in the nar.  Enter new principal office address, if applic incipal office address MUST BE A STREET  Enter new mailing address, if applicable:	na. able: ADDRESS)	
	na. able: ADDRESS)	
ompany" or "Co," may not be used in the nar.  Enter new principal office address, if applic incipal office address MUST BE A STREET  Enter new mailing address, if applicable:	na. able: ADDRESS)	

Name of New Registered Agent:

3335

te lacida street aunes

New Registered Office Address:

14

, Florida \_\_\_

.......

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with find 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	PT John Doo V Mike Jor SV Sally Sm	<u>ies</u>	
Type of Action (Check One)		Name	Address
1) Change	Neg: (	Jennifer Mille	r 9020 Old Chemon
Add			DH 32309
2) Change	treasurer	- Lisa Girard	3335 Gallet Fr
Remove	L	ChaseMoorhen	1 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3)Change	Treasurer	Craser correct	TLH 32309
Remove			
4) Change		<u> </u>	
Add			
5) Change	<del></del>		
Add			
6) Change			
Add			
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
(attach additional sheets, if necessary).	(Be specific)		
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	<u> </u>		
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The date of each amendment(s) ad	option:, if or	ther than the
ate this document was signed.		
Effective date if applicable:		
·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blockiment's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be liste partment of State's records.	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adwas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) id.	
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
Dated S	8/19	
Signature		
have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Lisa Girard	
	(Typed or printed name of person signing)	
	treasurer	
	(Title of person signing)	