## N15000011412

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Service Learning School, INC NAME OF CORPORATION: N15000011412 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jaime Manfra (Name of Contact Person) Service Learning School , Inc (Firm/ Company) 9416 Legend Lane (Address) Port Richey, FL34668 (City/ State and Zip Code) jaimejaleh@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 727 6126670 Jaime Manfra (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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment** Articles of Incorporation of

	Article	es of Amendment	<b>t</b> .	
, J	Article	to s of Incorporation	on G	
•		of		Selle 1 Pass
ervice Learning School, INC				
(Name of Corporation	n as curren	tly filed with the	e Florida Dept. of State)	T.
15000011412				
(Doct	ıment Numb	per of Corporation	(if known)	
rsuant to the provisions of section 617.1006, Fl endment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida No</i>	ot For Profit Corporation adopts the f	following
If amending name, enter the new name of the	he corporat	don:		
/A				The new
me must be distinguishable and contain the wo. Company" or "Co." may not be used in the nar		tion" or "incorpo	orated" or the abbreviation "Corp." of	r "Inc."
Enter new principal office address, if applic	cable;	1109 Belcher Ro	d	
rincipal office address <u>MUST BE A STREET</u>	<u>ADDKESS</u>	Palm Harbor, FI	L 34683	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S ROY)	N/A		
(Musing sauress MAT BE AT OST OTTICE	<u>. BOX</u> )	<del></del>		
		***		
	zistered offi	ice address in Flo	orida, enter the name of the	
If amending the registered agent and/or reg				
If amending the registered agent and/or reg new registered agent and/or the new register	ered office a	address:		
	ered office a	address:		
new registered agent and/or the new register	ered office a	address:		
new registered agent and/or the new registered  Name of New Registered Agent	N/A	address:	(Florida street address)	
new registered agent and/or the new register	ered office $s$ $\frac{N/A}{s}$ $\frac{s}{s}$	nddress:	(Florida street address)	
Name of New Registered Agent	N/A	(City)	(Florida street address), Florida (Zip Code)	

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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Taraneh Cocco	8001 Appaloosa Drive
Add			Largo, FL 33773
x Remove			M. 1 - 1/2 -
2) Change	AVP	Afsanch Dean	3809 Zachary Street
Add			New Port Richey, FL
x Remove			34655
3) x Change	PDCEO	Jaime Manfra	9416 Legend Lane
Add			Port Richey, FL 34668
Remove			
4) Change	ТСГО	Megan Lawton	9416 Legend Lane
x Add			Port Richey, FL 34668
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessa	ry). (Be specific)		
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	N/A e date of each amendment(s) adoption:	_, if other than the
	e this document was signed.  08/15/2016  ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ad	option 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	
	Signature	_
	(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)	
	Jaime Manfra	
	(Typed or printed name of person signing)	
	President and CEO	
	(Title of person signing)	