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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

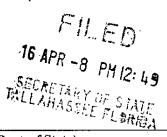
Tallahassee, FL 32314

NAME OF CORPORATION: M & S (	Community Stars of Perform	ning Arts an	d Acade	mics Inc.
N160000010  DOCUMENT NUMBER:	32			
The enclosed Articles of Amendment and	l fee are submitted for filing	<u>3</u> .		
Please return all correspondence concerni	ng this matter to the follow	ring:		
Melissa Williams				
	(Name of Con	tact Person)		
M & S Community Stars of Performing A	Arts and Academics Inc.			
`	(Firm/ Co	mpany)		
922 SW 11th Terrace				
	(Addr	ess)		
Delray Beach, FL 33444		,		•
	(City/ State an	d Zip Code)		
melissa.williams@palmbeachschools.org				
E-mail address	to be used for future ann	ual report no	tification	1)
For further information concerning this m	atter, please call:			
Melissa Williams		561 at		313-6143
(Name of Co	ntact Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Flo	orida Depart	ment of	State:
E \$35 Filing Fee  \$43.75 F Certificat	iling Fee & \$\sum \\$43.75 \text{ Filing Fee & Certified Comparison (Additional enclosed)}	ру	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	•	Street A		on
Division of Corporation P.O. Box 6327	S .	Division Clifton B	of Corpo	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

 $\cdot \ NA$ 



(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
NA		
(Document Number	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corporati	ion:	
NA .	77	he new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	······································	
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)	
·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
	<u> </u>	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		
Name of New Registered Agent:	·	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fan	miliar with and accept the obligations of the position.	
· Si	ignature of New Registered Agent, if changing	<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	PT John De V Mike Jo SV Sally Se	<u>ones</u>	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) X Change	<u>v</u>	Melissa Williams	922 SW 11th Terrace
Add			Delray Beach, FL 33444
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove	<i>,</i> .		

E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)	
·		
NA		
•		
	•	
		•
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	· · · · · · · · · · · · · · · · · · ·	

	date of each amendment this document was signed	t(s) adoption:	16 , •	if other than the
	ective date <u>if applicable</u>	01/31/2016		
		(no more t	than 90 days after amendment file date)	
	e: If the date inserted in ument's effective date on		the applicable statutory filing requirements, this date will not be 's records.	listed as the
١d٥	option of Amendment(s)	( <u>CHECK</u>	CONE)	
<b>=</b>	The amendment(s) was/was/were sufficient for a		mbers and the number of votes cast for the amendment(s)	
	There are no members of adopted by the board of		ote on the amendment(s). The amendment(s) was/were	
	Dated	3 28 11		
	Signature	lelissa	Williams	
	have		rman of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or trustee trustee trustee.	
	M	elissa Williams		
	_	(T)	yped or printed name of person signing)	
	V	ce President	·	
	_	·	· (Title of person signing)	