

N16000006731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

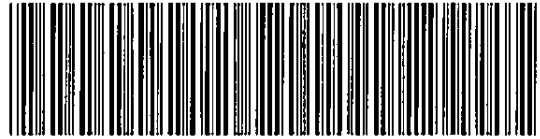
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STATE  
CLERK'S OFFICE  
TALLAHASSEE, FL

al



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2023

DONNA DIEHL  
412 SW 11TH STREET  
HALLANDALE, FL 33009

SUBJECT: HOCHBERG PREPARATORY SCHOOL, INC.  
Ref. Number: N16000006731

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shaunteria Cobbs  
Regulatory Specialist II

Letter Number: 723A00018200

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SEP 05 2023

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HOCHBERG PREPARATORY SCHOOL, INC.

DOCUMENT NUMBER: 2016000006731

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA DIEHL

(Name of Contact Person)

HOCHBERG PREPARATORY SCHOOL, INC.

(Firm/ Company)

412 SW 11TH STREET

(Address)

HALLANDALE BEACH, FLORIDA

(City/ State and Zip Code)

33000

DDIEHL@POSNACKSCHOOL.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA DIEHL

(Name of Contact Person)

at 954-299-3600

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

ALREADY  
SUBMITTED

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

HOCHBERG PREPARATORY SCHOOL, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)  
216000006731  
(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

**B. Enter new principal office address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS)*

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

*Name of New Registered Agent:* \_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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

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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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |         |                  |  |
|--|---------|------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | FOUNDER | HOCHBERG, JOEL   | 412 SW 11TH STREET<br>HALLANDALE, FL 33009 |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | FOUNDER | HOCHBERG, MARCIA | 412 SW 11TH STREET<br>HALLANDALE, FL 33009 |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |         |                  |  |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |         |                  |  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |         |                  |  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |         |                  |  |

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E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: APRIL 18, 2023, if other than the date this document was signed.

Effective date if applicable: APRIL 18, 2023  
(no more than 90 days after amendment file date)

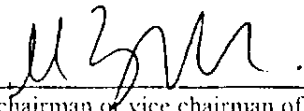
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 8/23/2023

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)

MARLA COTZEN  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

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CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FL