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C. GOLDEN
DEC 1 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

or the second

Community Class NAME OF CORPORATION:	room Project Inc.		
N16000007225 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following	::	
Alison Kaufman			
	(Name of Contac	t Person)	
Community Classroom Project Inc.			
	(Firm/ Comp	pany)	
102 N. Swinton Ave.			
	(Address)	
Delray Beach, FL 33444			
	(City/ State and 2	Zip Code)	· · · · · · · · · · · · · · · · · · ·
ali@myspaceofmind.com			
E-mail address: (to be us	sed for future annual	report notificatio	n)
For further information concerning this matter, plea	se call:		
Alison Kaufman		561 at	
(Name of Contact Pers	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Flori	da Department of	State:
S35 Filing Fee		Certil by is Certil (Addi	0 Filing Fee ficate of Status fied Copy (tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	ion .

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILES

Community Classroom Project Inc.		2817 DEC 15 PH 4: 35
(Name of Corporation as	currently filed with the Florida Dep	
N16000007225		
(Document	Number of Corporation (if known)	. ;1
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co"Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u> </u>	
		,,-
D. If amending the registered agent and/or register		<u>ie name of the</u>
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stored Agent	
I hereby accept the appointment as registered agent.	stered Agent; I am familiar with and accept the obliy	gations of the position.
·	·	
	Signature of New Registered Age	ent, 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Robert Haugh	102 N. Swinton Ave.
Add			Defray Beach, FL 33444
X Remove			
2) Change	<u>S</u>	Alan Jacobs	102 N. Swinton Ave.
Add			Delray Beach, FL 33444
X Remove			
3) Change	DT	Debbie Lynott	102 Miramar Dr.
X Add			Delray Beach, FL 33483
Remove			
4) Change	DS	Ryan Seidman	6637 Grande Orchid Way
X Add			Delray Beach, FL 33446
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 educument's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ment(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors.	'were
Dated December 7, 2017	
Signature all In Clary	
(By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator vif in the hands of a receiver, trusto other court appointed fiduciary by that fiduciary)	
Alison Kaufman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	