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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	REELEMENTARY SCH	HOOLPTOINC			
N16000011827 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
JENNIFER HARRIS					
	(Name of Contact	Person)			
	(Firm/ Comp.	any)			
32WOODARBORLN					
	(Address)	-		
PALM COAST,FL 32164					
	(City/ State and Z	ip Code)			
jeneric39@gmail.com					
E-mail address: (to	be used for future annual	report notificati	on)		
For further information concerning this matter	. please call:				
Xochitl Petracco		631	8719907		
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)		
Enclosed is a check for the following amount i	made payable to the Floric	la Department o	f State:		
■ \$35 Filing Fee □\$43,75 Filing Certificate of	Status	Cert oy is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)		
Mailing Address Amendment Section		Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BELLE TERRE ELEMENTARY SCHOOLPTOINC

(Name of Corporation as c	urrently filed with the Flo	rida Dept. of State)
N16000011827		
(Document	Number of Corporation (it)	known)
Pursuant to the provisions of section 617,1006, Florida Simendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u>ÆSS</u>)	
		,
		
2. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	<u>d office address in Florida</u> ffic <u>e address:</u>	i, enter the name of the
Name of New Registered Agent:	·	
		Florida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	ctered Agent:	
hereby accept the appointment as registered agent. 1		of the obligations of the position.
	_	
	Signature of New Regi	stered Agent, if changing 2011
	Page 1 of 4	T AUG OF P

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	<u>V</u> <u>Mik</u>	n Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TREA	AMANDA MCGOVERN	121 BIRD OF PARADISE
Add X Remove			PALM COAST,FL 32137
2) Change	TREA	XOCHITL PETRACCO	54 BRIGADOON LN
X Add			PALM COAST,FL 32137
Remove 3) Change	VP	JENNIFERPATERNO	35 BOSTONLN
Add	<u></u>		PALM COAST,FL 32137
Remove A) X Change	FACUL'	PRISCILLA CAMPBELL	547 JANICE AVE
Add			DAYTONA BEACH, FL 32114
5) Change Add			
Remove			·
6) Change			4100
Add			
Remove			

uaca uannaman sa	rets, if necessary).	(Be specific)				
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The date of each amendment(s) a	doption:	, if other than the
late this document was signed.	•	
——————————————————————————————————————	-26-17	
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
Dated 07-26-17	- 11 ^	
Signature	NA	
	ifman or vice chairman of the board, president or other officer-if directors	
	seen selected, by an incorporator – if in the hands of a receiver, trustee, or	
other cour	t appointed fiduciary by that fiduciary)	
IENN	FERHARRIS	
o E () ()		
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	