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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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Full STEAM Home Educators Resources Inc NAME OF CORPORATION:
N16000012203 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lesley Rester
(Name of Contact Person)
Full STEAM Home Educators Resources, Inc
(Firm/ Company)
96533 Blackrock Rd
(Address)
Yulee, FL 32097
(City/ State and Zip Code)
fullsteamresources@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lesley Rester 225 6146303
(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  \$\Bigcup \text{\$43.75 Filing Fee & \$\Bigcup \text{\$43.75 Filing Fee & Certificate of Status} \$Certified Copy & Certificate of Status & Certified Copy & Ce

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 Street Address

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

## Articles of Amendment to Articles of Incorporation of

Full STEAM Home Educators Inc

<del></del>	as currently filed with the Flor	ina Dept. of State)	
N16000012203			
(Dосш	ment Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 617,1006, Floarmendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	
A. If amending name, enter the new name of th	e corporation:		
N/A		T	
name must be distinguishable and contain the word	•	The new "or the abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the nam	<del>_</del>		
B. Enter new principal office address, if applica	ıble:		
(Principal office address <u>MUST BE A STREET</u> A	ADDRESS )		
	<del></del>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> ) N/A		
	<del></del>		
	·	· · · · · · · · · · · · · · · · · · ·	
N. M House the sure is a sure of the sure of t	1 ce 15 1 121 11		
<ul> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ul>			
	N/A	ننۍ د بې	
Name of New Registered Agent			
	<u> </u>		
New Registered Office Address:	(Florida street address)		
ive is registered spipe state east.	N/A	NA	
		Florida (N.A.	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing 1			
I hereby accept the appointment as registered ager	nt. I am familiar with and accept	the obligations of the position.	
-			
	Signature of New Regist	ered toest 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	<u>PT</u> <u>John De</u> <u>V</u> <u>Mike Je</u> <u>SV</u> <u>Sally Sr</u>	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Danene A Dupie	85177 Lina Road
Add			Fernandina Beach, FL 32034
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		<b>.</b>	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
N/A						

	e date of each amenda this document was sig	•	, if other than the
uaic	e uns document was sig	nea.	
Effe	ective date <u>if applicab</u>		
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
Adoption of Amendment(s)		(S) (CHECK ONE)	
	The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	1/2017	
	Signature		_
	ha	the chairman of vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
		LESLEY RESTER	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	