N1760006964

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Bay Area Section Education Services, Inc
DOCUMENT NUMBER: N1700000 (69 (64
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cristin Buell (Name of Contact Person)
Burlu Faulkner Law (Firm/ Company)
310Ce Palm Harbor Blvd, B (Address)
Palm Harbor, FC 34683 (City/ State and Zip Code)
Cristin @ burke faulkner law. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 727-939-4900 (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 \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \Bigcup
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



July 20, 2017

CRISTIN BUELL 3106 PALM HARBOR BLVD B PALM HARBOR, FL 34683

SUBJECT: BAY AREA SENIOR EDUCATION SERVICES, INC

Ref. Number: N17000006964

We have received your document for BAY AREA SENIOR EDUCATION SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment wasnot included.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 417A00014737

17 JUL 31 PH 4: 49

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

ay Area, Senior Education Services. Inc

Jacy Miles Sethior Daktario Larvia 3:21
(Name of Corporation as currently filed with the Florida Dept. of State)
N17000006964
(Document Number of Corporation (if known)
tursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following mendment(s) to its Articles of Incorporation:
a. If amending name, enter the new name of the corporation:
The new
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name.
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)
 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:
Traine of the medical regions
(Florida street address) New Registered Office Address:
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: 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 U

Page 1 of 4

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 J V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	2	Karyn Rizzo	Po Box 7221 Seminole, FL 33775
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will nartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
☐ There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were is.	
7/27/2017 Dated	7 0	
Signature	to Bull	
have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
Cristin Bu	rell	
	(Typed or printed name of person signing)	
Vice Pres	ident	
	(Title of person signing)	