

N170000 12782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

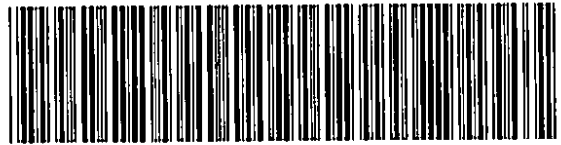
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AUG 27 PM 3:38

Amund

AUG 29 2018

D. CUSHING

COVER LETTER

Also -  
Fictitious Name  
Children's House  
Montessori School

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DeLand Montessori School

DOCUMENT NUMBER: N17000012782 / G18000057143

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

Please return all correspondence concerning this matter to the following:

Kelly Libby  
(Name of Contact Person)

DeLand Montessori School  
(Firm/ Company)

509 East Pennsylvania Ave  
(Address)

DeLand, FL 32724  
(City/ State and Zip Code)

mskelly@delandmontessori.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Libby at 386-736-3632  
(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:

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

Already  
Submitted

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

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

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
JAN 27 PM 3:30



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2018

KELLY LIBBY  
DELAND MONTESSORI SCHOOL, INC.  
509 E PENNSYLVANIA AVE  
DELAND, FL 32724

SUBJECT: DELAND MONTESSORI SCHOOL, INC.  
Ref. Number: N17000012782

We have received your document for DELAND MONTESSORI SCHOOL, 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):

According to our records the current registered agent is Kirk T. Bauer, Esq. and not Sherri Holzman. If you are truly changing the registered agent you will need to make the proper corrections to the application. If you are not changing the registered agent but are changing the officer/directors you have completed the wrong application. You will need to complete the attached articles of amendment form.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 518A00016413

RECEIVED  
AUG 27 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

DeLand Montessori School

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000012782

(Document Number of Corporation (if known))

FILED  
2019 JUN 13 PM 6:09  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

N/A

The new

name 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)

509 E. Pennsylvania Ave

DeLand, FL 32724

(only change is Zip Code)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

509 E. Pennsylvania Ave

DeLand, FL 32724

D. 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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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.

N/A

Signature of New Registered Agent, 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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Kelly Libby</u>	<u>2770 Coastal Bay Dr.</u> <u>Apt 208</u> <u>Orange City, FL 32763</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Sherri Holzman</u>	<u>3237 Fox Run Trail</u> <u>DeLand, FL 32724</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Title D</u>	<u>Mike Swanto</u>	<u>320 Parkview Dr.</u> <u>Orange City, FL 32763</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

N/A

The date of each amendment(s) adoption: 8/16/18, if other than the date this document was signed.

Effective date if applicable: N/A  
(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 8/16/18

Signature Dora L. Mallett  
(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)

Dora L. Mallett  
(Typed or printed name of person signing)

Board Chairman  
(Title of person signing)