N 19 000003772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/25/20--01014--002 **35.00

Amend
Name Change

SEP 14 2020

LALBRITTON

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2020

GARY POOLE
5550 E. MICHIGAN ST.
STE. 3120
ORLANDO, FL 32822

SUBJECT: EXPOSED LEARNING FOUNDATION, INC
Ref. Number: N19000003772

We have received your document for EXPOSED LEARNING FOUNDATION, 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 name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00014994

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Exposed Learning Foundation, Inc

DOCUMENT NUMBER: N19000003772

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

Please return all correspondence concerning this matter to the following:

Gary Poole
(Name of Contact Person)

(Firm/ Company)

5550 E Michigan St., STE 3120
(Address)

Orlando, FL 32822
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Gary Poole at 813 361-8260
(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 ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Letter of Affidavit

To whom this may concern,

Yes, I am the principal for both Exposed Learning, LLC (Now dissolved) as well as Exposed Learning Foundation, Inc.

I submitted the name change for Exposed Learning Foundation, Inc after dissolving Exposed Learning, LLC. I would like to remove the "foundation" and just have Exposed Learning, Inc.

Articles of Amendment
to
Articles of Incorporation
of

Exposed Learning Foundation, Inc

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

N19000003772

(Document Number of Corporation (if known)

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:**

Exposed Learning, Inc *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:** N/A
(Principal office address MUST BE A STREET ADDRESS)

C. **Enter new mailing address, if applicable:** N/A
(Mailing address MAY BE A POST OFFICE BOX)

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

(Florida street address)

New Registered Office Address:

, Florida
(City) *(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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) x Change	V	Christeven Chassagne	12335 ANTONIO CIR
____ Add			ORLANDO, FL 32826
____ Remove			
2) ____ Change	D	Arianna Davis	1349 Northgate Cir., Bldg 1, Apt 3(
x Add			Oviedo, FL 32765
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ 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: _____. if other than the date this document was signed.

Effective date <u>if applicable</u>: _____
(no more than 90 days after amendment file date)

<u>Note:</u> 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) **(<u>CHECK ONE</u>)**

☐ 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 6/21/2020

Signature Gary Poole

(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)

Gary Poole

(Typed or printed name of person signing)

President

(Title of person signing)