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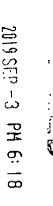
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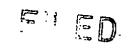
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Central Florida Stem				
DOCUMENT NUMBER:	19000007698				
The enclosed Articles of Amer	adment and fee are subm	itted for filing.			
Please return all correspondence	ce concerning this matter	to the following:			
Kunal Mitra					
	ı	Name of Contact F	Person)		
	<del></del>	(Firm/ Compar	nv)		
104		(Time compar	· ,		
106 Lansing Island Drive			_		
		(Address)			
Indian Harbour Beach, Fl 3293	37				
	(	City/ State and Zip	Code)	-	
kmitra@fit.edu					
Е-п	nail address: (to be used	for future annual re	port notif	ication	)
For further information concer	ning this matter, please o	all:			
Kunal Mitra		а	321 t		917-3431
(1)	lame of Contact Person)			ode)	(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pay	able to the Florida	Departme	ent of S	state:
□ \$35 Filing Fee I	■\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Ade Amendment Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	A D C	reet Add mendmen ivision of lifton Buil 661 Execu	t Section Corpolding	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2019 SEP -3 PH 6: 18

Central Florida Stem for Kids, Inc

(Name of Corporation as curre	ently filed with the Florida	a Dept. of State)
N19000007698		· · · · · · · · · · · · · · · · · · ·
(Document Nun	nber of Corporation (if know	wn)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	ration" or "incorporated" (	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	<del></del>	
	<del></del>	<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(		
	<del></del>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Floria	da street address)
		m
	(City)	, Florida (Zip Code)
		(inp 2000)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		obligations of the position.
	Signature of New Registere	ed 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 X Remove X Add	<u>V Mil</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Sudeshna Mitra	106 Lansing Island Dr
Add			Indian Harbour Beach, FL 32937
X Remove			
2) Change	VP	Agni Ghosh	6795Edmond Street, Suite 300
Add			Las Vegas, NV 89118
x Remove			
3) X Change	P	Kunal Mitra	106 Lansing Island Dr
Add			Indian Harbour Beach, FL 32937
Remove			
4) Change			
Add			
Remove			
5) Change			<del>-</del>
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
-	
· · · · · · · · · · · · · · · · · · ·	<del></del>
	<u> </u>

	date of each amendment(s) adoption: if other that
iate	this document was signed.
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thument's effective date on the Department of State's records.
Add	option 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.
	8/29/19 Dated
	Signature Kund Mh
	(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)
	Kunal Mitra
	(Typed or printed name of person signing)
	President
	(Title of person signing)