## N19000012089

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SECKETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Island Pr	ep School L	<u> </u>		
DOCUMENT NUMBER: N 19 0000 120	•			
DOCUMENT NUMBER: N19 0000120	187			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
Danielle Guiarda				
	(Name of Contact Person	n)		
Island Prep School				
, , , , , , , , , , , , , , , , , , ,	(Firm/ Company)			
4001 ALA S				
	(Address)			
St. Augustine F1 320	80			
St. Augustine F1 32080 (City/ State and Zip Code)				
OFFICE GISLAND Pret E-mail address: (10 be used	p.com			
E-mail address: (to be used	r for future annual report i	nouncation)		
For further information concerning this matter, please	call:			
Danielle Gruiazda (Name of Contact Person	at <u> </u>	)Y .		
(Name of Contact Person	) (An	ca Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee ☐\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee		
Certificate of Status	Certified Copy	Certificate of Status		
	(Additional copy is enclosed)	Certified Copy		
	enciosed)	(Additional Copy is Enclosed)		
A 411	0.			
<u>Mailing Address</u> Amendment Section		Address went Section		
Division of Corporations	Amendment Section Division of Companions			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation

ΛĒ

FILED

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

SECRETARY OF STATE (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:

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)

C. Enter new mailing address, if applicable: (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

Florida \_

(Zip Code)

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		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> 19</u>	Kate Batzel	13 Son Oaks Dr 5+ Augustine F1 32080
Remove			
2) Change Add	AMBR	Margret Thorhalls dottin	7560 AIA S. St. Augustine, F13208C
Remove 3) Remove Add Remove	A <u>mbr</u>	Chad Bawling	605 Mulligan way
4) Change Add	AMBR	Laina Derringer	3578 Putmon Rd St. Augustine, F182086
Remove			•
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			· .
E. If amending or a	dding additional A	rticles, enter change(s) here:	
(attach additional	sheets, if necessary)	. (Be specific)	
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The date of each amendment(s) adopt	tion:			, if other than the
date this document was signed.				
· · · · · · · · · · · · · · · ·				
Effective date if analisables				
Effective date if applicable:	(no more than 90 a	1 0		
	(no more than 90 a	iavs ajter amendm	ient file dale)	
Note: If the date inserted in this block of	does not meet the app	licable statutory fi	ling requirements, this o	date will not be listed as the
document's effective date on the Depart	ment of State's recon	ds.		
r				
Adoption of Amendment(s)	(CHECK ONE)			
reoption of rememberings)	(CHECK UNE)			

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 November 22 2021 Signature & David a
(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)
Typed or printed name of person signing)
President
(Title of person signing)