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(Requestor's Name) (Address) (Address)	000341590610
(City/State/Zip/Phone #)	03/03/2001020002 *+52.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 2020 HAX: -3 AH 9: 05
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· _ ·	(COVER LETT	ER		
TO: Amendment Section Division of Corporations	_				ŧ
DYSLEXIA OF	STAUC	GUSTINE, INC	•		
NAME OF CORPORATION:					<u>. </u>
N2000002029					
DOCUMENT NUMBER:				_	
The enclosed Articles of Amendment and fee are	submitte	d for filing.			
Please return all correspondence concerning this r CJ RINEY	natter to a	the following:			
	(Nai	me of Contact I	Person)		<u></u>
		(Firm/ Compar	ı <i>ÿ</i> ')		
313 A STREET					
ST. AUGUSTINE BEACH, FLORIDA, 32080		(Address)			
	(City	y/ State and Zip	Code		
DYSLEXIABRILLIANCE @GMAIL.COM	(en <u>-</u>	o state and says	(code)		
E-mail address: (to be	used for	future annual re	port notif	icatio	n)
For further information concerning this matter, pl	ease call:				
CURINEY			904		599-2254
		a	t		······································
(Name of Contact Per	son)		(Area C	lode)	(Daytime Telephone Number)
Enclosed is a check for the following amount mac	le payabl	le to the Florida	Departm	ent of	State:
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Stat	us Ce (A	43.75 Filing Fee ertified Copy Additional copy nclosed)	is	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		<u>S1</u>	treet Add	ress	
Amendment Section Division of Corporations			mendmer ivision of		
P.O. Box 6327		Т	he Centr	e of T	allahassee
Tallahassee, FL 32314			415 N. M allahassee		e Street. Suite 810 2303

DYSLEXIA OF ST AUGUSTINE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N200000020209

(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:			
DYSLEXIA CENTER OF ST. AUGUSTINE, INC.			27	
name must be distinguishable and contain the word	"communition" on "i	wornorated" or the abbr	The new wiation "Corn " or "Inc "	
"Company" or "Co." may not be used in the name.		ncorporated of the above	minon Corp. or na.	
,,,,,,, _	N/A			
B. Enter new principal office address, if applicab	<u>le:</u>			
(Principal office address <u>MUST BE A STREET AL</u>	DDRESS)		020	_
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			ا دل 🦳 🔄	ſ
C. Enter new mailing address, if applicable:	N/A			M
(Mailing address MAY BE A POST OFFICE B			H	\Box
			9:05	
			0	
			. 01	
D. If amending the registered agent and/or regist	ered office address	in Florida, enter the par	me of the	
new registered agent and/or the new registered		in i wida, chier the h <u>ai</u>	<u>ine or the</u>	
	N/A			
Name of New Registered Agent:				
-				
<u>New Registered Office Address:</u>		(Florida street addre	357	
<u>At w negotoreu office Aduces</u> .	N/A			
			, Florida	
-	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered agent.	I am familiar with	and accept the obligation	s of the position.	

Signature of New Registered Agent, if changing

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 Y. 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change _X Add	Officer	Amber K. Oliveira, ED.D	3440 San Pablo Road S. Jacksonville, Florida, 32224
Remove			
2) Change Add			
3) Remove 3) Change Add Remove			
4) Change Add			
Remove			
57 Change Add			
Remove			
6) Change Add			- <u>-</u>
E. If amending or addit (attach additional shee		Page 2 of 4 <u>Articles, enter change(s) here</u> : :). (Be specific)	

NA

Page 3 of 4

FEBRUARY 26TH, 2020

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

Effective date if applicable:

(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)

(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.

FEBRUARY 26TH, 2020
Dated
Signature
(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)
CURINEY

(Typed or printed name of person signing)

INCORPORATOR

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• •

(Title of person signing)

Page 4 of 4