Nappo 6855

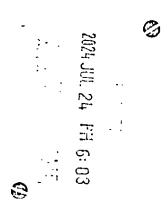
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100433357841

07/24/24--01011--011 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

Pathways For Life NAME OF CORPORATION:	e Academy
N20000006855 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Patricia A. Myers	
	(Name of Contact Person)
Pathways For Life Academy	
	(Firm/ Company)
PO Box 1816	
	(Address)
Windermere, FL 34786	
	(City/ State and Zip Code)
pmyers@pflacademy.com	
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, ple	ase call:
Patty Myers	407 748-8516 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
♥ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of State	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

	of
Pathways For Life Academy	
(Name of Corporation as currently filed with the Florida D	ept. of State)
N20000006855	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on: The new
name must be distinguishable and contain the word "corporate" "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)	2024 JUJI 24
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent:	
New Registered Office Address:	(Flyrida street address)
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the position.

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.					
		wes the corpora	tion, Sally Smith is named the V and $S.~7$	is the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,		
	Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe 2 Jones 2 Smith			
	Type of Action (Check One)	<u>Title</u> H	<u>Name</u>	<u>Addres</u> s		
	(Check One) 1) Change Add Remove	SECR	Sweta Shroff	6838 Valhalla Way Windermere, FL 34786		
	2) Change Add					
	Remove 3) Remove — Add Remove		 -			
	4) Change Add					
	Remove					
	5) Change Add					
	Remove					
	6) Change Add					
	Remove					
	E. If amending or addi		Articles, enter change(s) here:). (Be specific)			
	(ansien adamona sne	+ 0	, (be specific)	1 aliana		
	Del	lll j	weta shrott no	slonger an officer		
	<u>us</u>	0 5/	35/24	-		

The date of each amendment(s) adoption: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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)
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
(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)
(Typed of printed matter of person signing)
Heo.
(Title of person signing)