## N20 0000 13133

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2001)
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DIN 1 2021



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2021

DAVID SUNDSTROM 12029 CRANEFOOT DR JACKSONVILLE, FL 32223

SUBJECT: OWN YOUR SUCCESS ACADEMIES, INC.

Ref. Number: N20000013183

We have received your document for OWN YOUR SUCCESS ACADEMIES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted is a for a Profit Corp. to become a Profit Benefit Corp. Because your entity is a Not for Profit Corp., this is the wrong form. Please see the enclosed information.

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.

MS. WHITE - PLEASE SEE ATTAGHED -

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 621A00010384

www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	Own Your Success ON:	Academies, Inc.			<del></del>
DOCUMENT NUMBER:	N20000013183				
The enclosed Articles of Ar		omitted for filing.		•	
Please return all correspond					
David Sundstrom, Authoira	ed Representative				
		(Name of Contact	Person)		
Own Your Success Acaden	nies				
		(Firm/ Compa	ny)		
12029 Cranefoot DR					
···········		(Address)			
Jacksonville, FL 32223					
, , , , a a _		(City/ State and Zip	p Code)		
dsundstrom@davidmsunds	trom.org				
	E-mail address: (to be use	d for future annual re	eport notifica	ntion)	
For further information con	cerning this matter, please	e call:			
David Sundstrom		2	904 n	6620620	
	(Name of Contact Person			le) (Daytime Telep	hone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	a Department	of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Co r is Co (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy is nelosed)	
Mailing A	<u>Address</u>	<u>s</u>	treet Addre	<u>88</u>	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Own Your Success Academies, Inc.				20 11 9:
Name of Corporation as currently filed with th	e Florida D	ept. of State)		<u> </u>
N20000013183				
(Docur	ment Numbe	r of Corporation (	if known)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida No</i>	t For Profit Corport	ation adopts the following
A. If amending name, enter the new name of th	e corporati	<u>on:</u>		
NOT APPLICABLE				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporati <u>e</u> .	on" or "incorpor	ated" or the abbrevi	ation "Corp." or "Inc."
B. Enter new principal office address, if applica	<u>able:</u>	NOT APPLICAL	BLE	
Principal office address <u>MUST BE A STREET A</u>	<u>address</u> )			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	NOT APPLICAT	BLE	
				·
). If amending the registered agent and/or regi			ida, enter the name	of the
new registered agent and/or the new register	red office ac	ldress:		
Name of New Registered Agent:	NOT APP	LICABLE		
			(Florida street address)	
New Registered Office Address:	$\Sigma$			
	NOT APPLICABLE		, F	Florida
		(City)		(Zip Code)
New Registered Agent's Signature, if changing learning the hereby accept the appointment as registered agent			cept the obligations of	of the position.
-	Sig	nature of New Re	gistered Agent, if ch	anging

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	PT John Do V Mike Jo SV Sally Si	<u>nes</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>S</u>	TODD ZOELLICK	1611 NE 20th Street Ft. Landerdale, FL 33305
xxx Remove			<del></del>
2) Change Add	<u>S</u>	RICK MARTIN	2115 Ridgewood ST Orlando, FL 32803
Remove 3) Change Add Remove	<u>D</u>	David Parker	1292 Mirror Terrace, NW Winter Haven, FL 33881
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
NOT APPLICABLE			
		<del></del>	

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			<del></del>
The date of each amendment(s) adoption: date this document was signed.	December 27, 2020	<del> </del>	, if other than the
Effective date if applicable:			
(n	o more than 90 days after amendment f	ile date)	
Note: If the date inserted in this block does	not meet the applicable statutory filing	requirements, this date will not b	e listed as the

<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.

Dated	December 27, 2020
Dated	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Signatu	The Land Control of the Control of t
2.6.1	(By it soliairman 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)
	Thresa Giles
	(Typed or printed name of person signing)

(Title of person signing)