

N20 000013183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

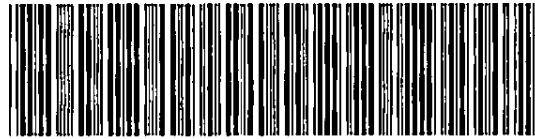
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 1 2021

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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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 621A00010384

MS. WHITE - PLEASE SEE ATTACHED -

THANK YOU

2021 MAY 28 PM 12:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

Own Your Success Academies, Inc.

NAME OF CORPORATION: _____

N20000013183

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Sundstrom, Authoirzed Representative

(Name of Contact Person)

Own Your Success Academies

(Firm/ Company)

12029 Cranefoot DR

(Address)

Jacksonville, FL 32223

(City/ State and Zip Code)

dsundstrom@davidmsundstrom.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Sundstrom

904

6620620

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

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

Street Address

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.

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

N20000013183

(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:

NOT APPLICABLE

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)

NOT APPLICABLE

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NOT APPLICABLE

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:

Name of New Registered Agent:

NOT APPLICABLE

New Registered Office Address:

(Florida street address)

NOT APPLICABLE

(City)

Florida

(Zip Code)

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

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

Signature of New Registered Agent, if changing

NOT APPLICABLE

The date of each amendment(s) adoption: December 27, 2020, if other than the date this document was signed.

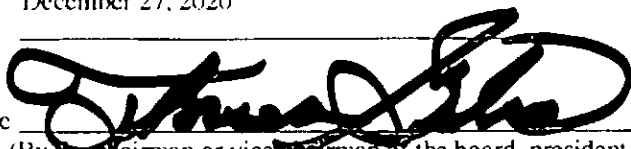
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

☒ 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 December 27, 2020

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)

Theresa Giles

(Typed or printed name of person signing)

Chairperson

(Title of person signing)