## N21000008740

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| (Requestor's Name)                      |   |
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| PICK-UP WAIT MAIL                       |   |
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| (Business Entity Name)                  | _ |
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C. BRUMBLEY
JAN 27 2022

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION            | POSITIVE THINKI                             | NG FOR EDUCAT                                                         | ION         | INCI               |                                                                  | ···-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| DOCUMENT NUMBER: _             |                                             |                                                                       | <del></del> | <del> </del>       | <del> </del>                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The enclosed Articles of Ame   | ndment and fee are sub                      | mitted for filing.                                                    |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Please return all corresponden | ce concerning this matt                     | er to the following:                                                  |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TAMARA VERNETTE                |                                             |                                                                       |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                              |                                             | (Name of Contact                                                      | Person)     | ı                  |                                                                  | 1 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 |
| POSITIVE THINKING FOR          | EDUCATION INC.                              |                                                                       |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 70 AVALON COURT                |                                             |                                                                       |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| CASSELBERRY, FL 32707          |                                             |                                                                       |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                |                                             | (City/ State and Zip                                                  | p Code      | )                  |                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| POSITIVETHINKINGFORE           | DUCATION@GMAIL                              | СОМ                                                                   |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| E-1                            | nail address: (to be use                    | d for future annual r                                                 | eport n     | otification        | 1)                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| For further information conce  | rning this matter, pleaso                   | call:                                                                 |             |                    |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MALISSA JOSEPH                 |                                             | ž                                                                     | 407<br>at   |                    | 813-3739                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (1                             | Name of Contact Persor                      |                                                                       |             | a Code)            | (Daytime Telepi                                                  | none Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Enclosed is a check for the fo | llowing amount made p                       | ayable to the Florida                                                 | a Depai     | tment of           | State:                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| □ \$35 Filing Fee              | ≥\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fe<br>Certified Copy<br>(Additional copy<br>enclosed) |             | Certifi<br>Certifi | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address                |                                             | <u>s</u>                                                              | treet A     | ddress             |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

POSITIVE THINKING FOR EDUCATION INC. (Name of Corporation as currently filed with the Florida Dept. of State) N21000008740 (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: 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: . Florida \_ (City) (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

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 Sr | ones                                          |          |
|----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------|----------|
| Type of Action (Check One)                         | Title                                                                        | Name                                          | Address  |
| l) Change Add                                      |                                                                              |                                               |          |
| Remove                                             |                                                                              |                                               |          |
| 2) Change Add                                      |                                                                              |                                               |          |
| Remove 3) Remove Add Remove                        |                                                                              |                                               |          |
| 4) Change Add                                      |                                                                              |                                               |          |
| Remove                                             |                                                                              |                                               |          |
| 5) Change Add                                      | <del></del>                                                                  |                                               |          |
| Remove                                             |                                                                              |                                               |          |
| 6) Change Add                                      |                                                                              |                                               |          |
| Remove                                             |                                                                              |                                               |          |
| E. If amending or addir<br>(attach additional shee |                                                                              | icles, enter change(s) here:<br>(Be specific) |          |
| SEE ATTACHED 501 (c                                | ) VERBAGE                                                                    |                                               |          |
| PLEASE INCLUDE EIN                                 | #:87-2195709                                                                 |                                               |          |
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|                                                                                                                                                                                                          |                                                                     |                     |  |  |
| The date of each amendment(s) adopti<br>date this document was signed.                                                                                                                                   | ion:                                                                | , if other than the |  |  |
| 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 adopte was/were sufficient for approval.                                                                                                                                     | ed by the members and the number of votes cast for the amendment(s) |                     |  |  |

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| 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 01/04/2022                                                                                                                                                                                  |
| Signature Osteph  (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)  Malissa Joseph                                                                                                                                |
| (Typed or printed name of person signing)                                                                                                                                                         |
| President                                                                                                                                                                                         |
| (Title of person signing)                                                                                                                                                                         |

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## Positive Thinking For Education Inc.

| The undersigned  | t, a majority of whom are citizens of the United States, desiring to | torm      |
|------------------|----------------------------------------------------------------------|-----------|
| a Non-Profit Cor | poration under the Non-Profit Corporation Law of                     |           |
| Florida          | , do hereby certify:                                                 |           |
| First: The na    | me of the Corporation shall be Positive Thinking For Education In    | <u>c.</u> |
| Second: The      | place in this state where the principal office of the Corporation is | to be     |

Third: Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**Fourth**: The names and addresses of the persons who are the initial trustees of the corporation are as follows:

Name Malissa Joseph Address 70 Avalon Court Casselberry, Florida 32707

located is the City of <u>Casselberry</u>, Florida , <u>Seminole</u> County.

Name Tamara Vernette Address 70 Avalon Court Casselberry, Florida 32707

Name Katrina Peterson Address 70 Avalon Court Casselberry, Florida 32707

Fifth: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

If reference to federal law in articles of incorporation imposes a limitation that is invalid in your state, you may wish to substitute the following for the last sentence of the preceding paragraph: "Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation."

Sixth: Upon the dissolution of the corporation, assets shall be distributed for one or

more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, we have hereunto subscribed our names this 04<sup>th</sup> day of <u>January</u> 2022.