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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: TMS Academ	y & Career Ce	enter Inc.			
DOCUMENT NUMBER:	N22000010905					
The enclosed Articles of An		mitted for filing.				
Please return all correspond						
·		<i>Q</i> .				
Nick Graham						
		(Name of Contact	Person)			
TMS Academy & (Career Center Inc.					
		(Firm/ Compa	ny)			
455 S Legacy Trai	l E102					
		(Address)				
ST. AUGUSTINE,	El 32002					
ST. AUGUSTINE,	T L 32092	(City/ State and Zi	p Code)			
nick.graham@tms	academy.us					
	E-mail address: (to be use	d for future annual r	eport notificati	ion)		7
For further information con-	cerning this matter, please	e call:				2
Nick Graham		:	at (904) 7	740-5855		53
	(Name of Contact Persor	1)	(Area Code) (Daytime Telep	ohone Numb	
Enclosed is a check for the	following amount made p	avable to the Florid	a Denartment o	of State:		Ξ:
isherosed is a cheek for the	ionowing amount made p	ayable to the Field		,		ယု
⊠ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cert y is Cert (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	产品	13
Mailing /	Address	<u> </u>	Street Address			

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

(Name of Corporation as currently filed with the	Florida	Dept. of State)		
N22000010905				
(Docume	ent Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statut	es, this <i>Florida Not For Proj</i>	it Corporation adopts t	the following
A. If amending name, enter the new name of the	corporat	tion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ition" or "incorporated" or t	he abbreviation "Corp.	" or "Inc."
		N/A		
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET ADDRESS ASTREET)		
				- -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	90V)	N/A		
(Making address MAT BE A FOST OF FICE E	<u>30A</u>)			
		-		
				ىت <u></u> ئىڭ ئىڭ
D. If amending the registered agent and/or regis	tered off	ice address in Florida, enter	the name of the	793 Nye 24
new registered agent and/or the new registere		address:		· = -
Name of New Registered Agent:	<u>N/A</u>			
				· •
New Registered Office Address:		(Florida s	treet address)	- m - C
	N/A		Elsaldo	
		(City)	Florida (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t <mark>egistere</mark> c t. I am fa	l Agent: miliar with and accept the ob-	bligations of the positio	n.
_	N/A			
	S	lignature of New Registered A	lgent, 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	KELLEY, CHRYOL A	3040 STATE ROAD 13 N
			SAINT JOHNS, FL 32259
2) Change Add		DELAMIELLEURE, MATHEW J	830 Hampton Crossing Way
Remove 3) Remove Add Remove			St Augustine, FL 32092
4) Change Add			
Remove			
5) Change Add			2t
Remove			: 'r :
6) Change Add			
Remove			
E. If amending or addi (attach additional she		Articles, enter change(s) here: e). (Be specific)	
	· · ·		

	2673 July 24 PH St 13
	Lu
The date of each amendment(s) adoption: 05/19/2023 date this document was signed.	, if other than th

<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.					
Dated 08/17/2023					
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)					
Nick Graham					
(Typed or printed name of person signing)					
CEO/D					

(Title of person signing)