0000001542

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Comment 2 may, normal) |
| (Document Number) |
| (= |
| Certified Copies Certificates of Status |
| · — |
| C |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| light |
| Unids |
| Office Use Only |
| Volume Garania |
| Ap: 188 |
| ካካ : ረ ዘህ |

7054 JUL -8 AM 7: 44

Jijj



900430638759

111177 1 0 0 14 1 005 ++35.05



COVER LETTER

• •

| TO: Amendment Section Division of Corporations | |
|--|---|
| NAME OF CORPORATION: TEACH | er Stay Cafe Inc |
| DOCUMENT NUMBER: V240 | 0000 1543 |
| The enclosed Articles of Amendment and fee are submitted | I for filing. |
| Please return all correspondence concerning this matter to t | the following: |
| Melanie Coo | ne of Contact Person) |
| | tay Cafe (Firm/ Company) |
| 0 .0 .1 | arer Road |
| Tall ahass | See FL 323/2 (State and Zip Code) |
| | Cafe annual report notification) COM |
| For further information concerning this matter, please call: | _ |
| Melanie Coats (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable | e to the Florida Department of State: |
| A) | 3.75 Filing Fee & S52.50 Filing Fee criffed Copy dditional copy is closed) Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations | Street Address Amendment Section Division of Corporations |

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

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, Fl. 32314

Articles of Amendment to

Articles of Incorporation of

| leacher Stay Cafe, Inc |
|---|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopt 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 Ac. "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) 3518 Sharer Rd |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Tallahasser, FL 32312 Melanie Coats 3518 Sharer Rd Tallahasser, FL 32312 |
| 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: Melanie Coats 3518 Sharer Rd., Tallahassel, Fl. New Registered Office Address: 32312 |
| (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.

| The bonds, I do none | c, and chirty commit, | Dr un un men. | |
|------------------------------------|---|---|---------------------------------------|
| Example: XChange X Remove X Add | PT John D V Mike J SV Sally S | ones | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| l) Change Add | D | Michelle Klink | 3999 RESERVEDO Talahassee FL 32311 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional sheet | | icles, enter change(s) here: (Be specific) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|--|---|-------------------------|---|--------------------------|
| | | - | <u> </u> | |
| | | | | |
| | | <u> </u> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | - · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | | | <u> </u> | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The date of each amendment(s) adoption: _date this document was signed. | July | 8,202 8,202 | 4 | if other than the |
| Effective date if applicable: (no | more than 90 day | s after amendment fi | le date) | |
| Note: If the date inserted in this block does no document's effective date on the Department | ot meet the application of State's records. | able statutory filing r | equirements, this date w | ill not be listed as the |

(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.

Adoption of Amendment(s)

| 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 July 8, 2024 |
| Signature Muthelle Klink |
| (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 name of person signing) |
| Director |
| (Title of person signing) |
| |