9/25/24, 10:42 AM

Division of Corporations

Florida Department of **D**iv**is**ion of

oter Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003263153)))



H2400032631534BC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN IDA S. BAKER HIGHSCHOOL FIRE PROGRAM INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER	
TO: Amendment Section Division of Corporations		
NAME OF CORPORATION:IDA S. BAKER	HIGHSCHOOL FIF	RE PROGRAM INC.
DOCUMENT NUMBER: N24000006806		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
N	like Town	
	(Name of Contact Person	n)
Legalz	coom.com, Inc.	
	(Firm/ Company)	
9900	Spectrum Dr	
	(Address)	
	in, TX 78717	
	(City/ State and Zip Code	2)
brandonmo@leeschools.net		
E-mail address: (to be used		notification)
For further information concerning this matter, please	call:	
Mike Town	800	773-0868 ext. 9724
(Name of Contact Person)	(Area Co) de & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	rtment of State;
☐ \$35 Filing Fee ☐ \$43,75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301

Artic	les of Amendment
Article	to es of Incorporation
10.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	of
IDA S. BAKER HIGHSCHOOL FIRE PROGRAM INC.	
(Name of Cornoration as currently filed with the Fi N24000006806	orida Dept. of State)
(Document Number of C	Corporation (if known)
dursuant to the provisions of section 617,1006. Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the follo
. If amending name, enter the new name of the corpora	tion:
West Lee Fire Program Inc.	rı
ame must be distinguishable and contain the word "corpord 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)	25364 Islas Dr
	Punta Gorda, FL 33955
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25364 Islas Dr
	Punta Gorda, FL 33955
If amending the registered agent and/or registered off new registered agent and/or the new registered office	uddress;
Name of New Registered Agent:	
New Registered Office Addreys:	(Florida street address)
	, Florida
(City	(Zip Code)

Page 1 of 4

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	<u>V</u> <u>Mik</u>	n <u>Doc</u> is Jones y Smith	
Type of Action (Check One)	Title	Name	Address
X Change	PD	MONHAHAN, BRANDON	25364 Islas Dr
Add			Punta Gorda, FL 33955
Remove			Profession and
2) X Change	D	WILLIAMS, MATT	25364 Islas Dr
Add			Punta Gorda, FL 33955
Remove			
3) X Change	<u>D</u>	FULTON, CHRISTI R	25364 Islas Dr
Add			Punta Gorda, FL 33955
Remove			
4) Change			
Add			
Remove			
			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

To:	Page: 6 of 7	2024-09-25 08:47:15 PDT	LegalZoom.com, Inc.	From: Malika Lac
	E. Hamending or adding additio	nal Articles, enter change(s) here:		
	(attach additional sheets, if nece	stury), (Be specific)		
	· · · · · · · · · · · · · · · · · · ·			
			······································	
	*************************	***************************************		
			<u> </u>	
				
	•			
		•		
		Page 3 of 4		
		"		

The date of each amendme date this document was signed		, if other than the
Effective date if applicable		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
The amendment(s) was-was/were sufficient for	were adopted by the members and the number of votes east for the amendment(s) approval.	
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
	3/2024	
Dated 9/2	J/2024	
Dated	V	
Signature (By have	he chairman or vice chairman of the hoard, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or a court appointed fiduciary by that fiduciary)	
Signature(By have othe	he chairman or vice chairman of the hoard, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
Signature(By have othe	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or a court appointed fiduciary by that fiduciary)	 -
Signature(By have othe	de chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary) Joseph Monahan (Typed or printed name of person signing)	