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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Trout Creek Academ	y PTO Inc.		·
	N240000007945		-	
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Heather Loffredo				
		(Name of Contact Pe	erson)	
Trout Creek Academy PTC	Inc.			
		(Firm/ Company	·)	-
855 Timberwolf Trail				
		(Address)		
Saint Augustine, FL 32092				
		(City/ State and Zip (Code)	
heather.loflredo@yahoo.co	m			
	E-mail address: (to be used	for future annual rep	ort notification)
For further information con	cerning this matter, please	call:		
Heather Loffredo		o t	973	868-7545
	(Name of Contact Person))	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
3.5 *11*		41.		

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 (Name of Corporation as currently filed with the Florida Dept. of State) Trout Creek Academy PTO Inc. (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. A 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 D V Mike Jo SV Sally S	ones	•
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	Pres	Henderson Coles. Tatitha	118 Sadler Court Saint Augustine, FL 32092
× Remove			
2) × Change Add	Pres	Barnes, Kathryn Lynn	307 Convex Lane Saint Augustine, FL 32092
Remove 3) Remove Add Remove			
4) Change Add			· · · · · · · · · · · · · · · · · · ·
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
N/A			

		<u> </u>
		
		
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> : 07/05	(2024) (no more than 90) days after amendment fi	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	There are no membadopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	07/05/2024
	Signature	Heather Felber
	(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)
		Heather LofTredo
		(Typed or printed name of person signing)
		Treasurer
		(Title of person signing)

2024 JUL 11 PH 6: 50 ZALĽAHÁ JŠECÍTĽÓBÍTA