

130620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200158462132

08/20/09--01003--003 **35.00

09 AUG 19 AM 11:18

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
LPG/19
8/



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2009

PATTI RAYMOND
READ PINELLAS, INC.
400 CHESNUT STREET
OLDSMAR, FL 34677

SUBJECT: READ PINELLAS, INC.
Ref. Number: N30620

We have received your document for READ PINELLAS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

THE ENTIRE AMENDMENT FORM MUST BE COMPLETED. PLEASE FILL IN PAGE 3.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 209A00025723

RECEIVED

2009 AUG 17 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please add on additional
Directors.

* Enclosed please find 2 checks.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: READ Pinellas, Inc.

DOCUMENT NUMBER: N30620

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patti Raymond

(Name of Contact Person)

READ Pinellas, Inc.

(Firm/ Company)

400 Chestnut Street

(Address)

Oldsmar, FL 34677

(City/ State and Zip Code)

raymond@pcsb.org ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Raymond

(Name of Contact Person)

at (813) 854-6027

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

READ Pinellas, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N30620

(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:

The new 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)

09 AUG 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Treas.</u>	<u>Patti Raymond</u>	<u>400 Chestnut St</u>	☐ Add
		<u>Oldsmar, FL 33677</u>	☒ Remove
<u>Treas.</u>	<u>Jan Setzekorn</u>	<u>1625 Union Street</u>	☒ Add
		<u>Clearwater, FL 33755</u>	☐ Remove
<u>Directr</u>	<u>Sandy Thursby</u>	<u>2043 Inner Circle South</u>	☐ Add
		<u>St. Petersburg, FL 33712</u>	☒ Remove

(* See attached page for more)

(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____

7/1/09

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

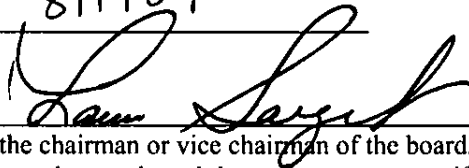
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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 _____

8/1/09

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)

LAURA SARGENT

(Typed or printed name of person signing)

President, READ Pnellas, Inc.

(Title of person signing)