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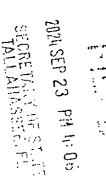
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Paleontological	Education Preserve, Inc.
DOCUMENT NUMBER: N 94 00 0000 228	·
The enclosed Articles of Amendment and fee are submitted for filing	g.
Please return all correspondence concerning this matter to the follow	ring:
Poto Marco	
Patricia Moore (Name of Con	atact Person)
N.1/0	
N/A (Firm/ Co	empany)
8204 Maye Due	یہ
8204 Mays Ave (Addr	ress)
Riverview FL 33578	ess) d Zip Code) ual report notification)
Riverview, FL 33578 (City/ State an	d Zip Code)
moorepatriciam 70@ gmail	Com
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, please call:	;
Patricia Moore (Name of Contact Person)	at (813) 385-7247
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Fl	orida Department of State:
	opy Certificate of Status
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 I	ecation Preserve, Inc.
N940000022	8 nt Number of Corporation (if known)
	da Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	corporation:
NIA	-
	The new corporation "or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	4140 24th Street SE
(Principal office address MUST BE A STREET AD. No change, but here's	Ruskin, FL 33570
the address	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0x) 8204 Mays Ave
	Riverview FL 33578
D. If amending the registered agent and/or registe new registered agent and/or the new registered Name of New Registered Agent:	office address:
	Patricia Moore 8204 Mays Ave (Florida street address)
New Registered Office Address:	(Florida street address)
	Riverview Florida 33578
_	Riverview Florida 33578 (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	sistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	Patricia Moore Signature of New Registered Agent, if changing or 3
	Signature of New Registered Agent, if changing GRANGER 23

and address of each (Attach additional she Please note the office P = President; V = Vi.	Officer and/or I eets, if necessary, r/director title by ce President; T= O = Chief Finan	Director being added: the first letter of the office title Treasurer: S= Secretary: D= scial Officer. If an officer/direc	ne of each officer/director being red :: Director: TR= Trustee, C = Chairma ttor holds more than one title, list the j	n or Clerk: CEO = Chief
Changes should be no a change, Mike Jones Mike Jones, V as Rem	leaves the corpo	ration, Sally Smith is named th	oe is listed as the PST and Mike Jones e V and S. These should be noted as Jo	is listed as the V. There is ohn Doe, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	un Doe ke Jones Ily Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change Add	_D_	Fred Hende	rshot 11316 La Rivervie	prechaun Dr w, FL 33569
Remove 2) Change Add	T	Patricia M	loore 8204 N Rivervi	lays Ave
Remove 3) Change Add Remove				
4) Change Add				<u> </u>
Remove 5) Change				The second
Add Remove				23 PH
の Change Add				SEP 23 PH III 06
Remove				
E. If amending or ad (attach additional si	ding additional heets. if necessar	Articles, enter change(s) here v). (Be specific)	<u> </u>	
N	'/A			

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N/A	
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	7,11
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after ame	ndment file date)

Note: 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 September 16, 2024
Signature Patricia Mose. (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)
Patricia Moore (Typed or printed name of person signing)
President, Treasurer Director

(Title of person signing)

1024 SEP 23 PH W 06 SECRETARY OF STATE