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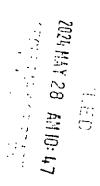
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	COMMUNITIES IN ON:	S SCHOOLS OF I	3RAÐFC	RD COU	NTY, FLORIDA, INC.
DOCUMENT NUMBER:	N99000003999				
The enclosed Articles of Art		mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following	g:		
Cindy DeValerio					
		(Name of Contac	t Person)	
		(Firm/ Comp	oany)		
P.O. Box 1033					
		(Addres:	s)	·	
Starke, FL 32091					
<u></u>		(City/ State and 2	Zip Code)	
kdunfee@cisbradford.org					
1	E-mail address: (to be use	d for future annua	l report n	otification	11
For further information con	cerning this matter, pleaso	e call:			
Cindy DeValerio	_		904 _ at		263-0749
	(Name of Contact Persor	1)	(Arc	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Flor	ida Depa	rtment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Certified Copy (Additional co enclosed)	/	Certifi Certifi) Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Amondo				Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

COMMUNITIES IN SCHOOLS OF BRADFORD COUNTY, FLORIDA, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)
NAAUDUL	n 3999
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor:	ation:
Bradford Community For Schools, Inc.	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>\(\Sigma\)</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	724 HAY 77 A TO TO TO THE TOTAL AND THE TOTA
D. If amending the registered agent and/or registered of	fice 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)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am fi	d Agent: amiliar 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	·
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
T) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		<u> </u>	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u>-</u> -
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	

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	P - # -			
The date of each amendment(s) adoption date this document was signed.	on:			, if other than the
Effective date if applicable:				
	(no more than 90 days afte	r amendment file date)		·
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable s ent of State's records.	tatutory filing requireme	ents, this date will not b	e listed as the
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.

February 29, 2024 Dated
Signature <u>(sperka A- De Salekio AD 5-40-3</u>) (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)
Cindy DeValerio 2 ynthig (Cindy) De Yalenie (Typed or printed name of person signing)
Executive Director
(Title of person signing)

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