# P12000049794

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### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FRANCIS SCHOOL	OL BUS SERVICE INC			
DOCUMENT NUMB	P12000049794				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	pondence concerning this ma	itter to the following:			
		Jacqueline Horta			
-	*	Name of Contact Perso	11		
	J	Horta Accounting & Taxes	Inc		
-		Firm/ Company	_		
		12905 SW 42 Street	Suite 217		
-		Address			
		Miami, Florida, 3317	5		
-	<del></del>	City/ State and Zip Cod	e		
jhortai	fl@bellsouth.net				
·	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
Jacqı	reline Horta	305 at (	387-2906		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
	ing Address		Address Iment Section		
Divis	ion of Corporations	Division of Corporations Clifton Building 2661 Executive Center Circle			
	Box 6327				
	hassee, FL 32314				

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

#### FRANCIS SCHOOL BUS SERVICE INC

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

	P12000049794		
(Do	scument Number of Corporation (	(if known)	
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this Florida Profit	Corporation adopts the following	g amendment
A. If amending name, enter the new name of the	e corporation:		
FRANCIS BEHAVIOR SERVICES INC			****
name must be distinguishable and contain the w"Corp," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A profe	e," or "incorporated" or the ab- assional corporation name must c	_The new observation contain the
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>			
			٤-٦
	<del></del>	<del></del>	<u> </u>
C. Enter new mailing address, if applicable:			: `
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		<del></del>
			بن
D. If amending the registered agent and/or registered agent and/or the new register		<u>, enter the name of the</u>	ひN びN
Name of New Registered Agent	·		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	Tode)
New Registered Agent's Signature, if changing 1			
I hereby accept the appointment as registered agen	u. I am familiar with and accep	t the obligations of the position.	
	ionature of New Revistered Aver	it, 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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessar	y). (Be specific	)			
	<u> </u>	<del></del>			
				m.a	
				<del></del>	
·					
<del></del>			- <del></del>		
f an amendment provides for an provisions for implementing the (if not applicable, indicate N/)	amendment if not	ification, or can t contained in th	cellation of issue te amendment its	d shares, elf:	
			<del></del>		
					ret.
· · · · · · · · · · · · · · · · · · ·	<del></del>			<del>_</del>	
<del></del>					

The date of each amendment(s) adoption:

The date of each amendment(s) adoption:
late this document was signed.
12/11/2020
Effective date <u>if applicable</u> :
(no more than 90) days after amendment 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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
12/11/2020
Signature Jones (above)
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
FRANCIS CABRERA
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)