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(Ac	ldress)	
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EXAMINER

COVER LETTER

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TO: Amendment Section Division of Corporations	. 56	
NAME OF CORPORATION: Global Optim	nus Literacy Institut	e of America, Incorporated
DOCUMENT NUMBER: NO80001	1428	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Kathi M. Vaughn-Malpr	ess	
<u> </u>	(Name of Contact Perso	n)
Optimus Literacy Institu	ute of Americ	a, Incorporated
	(Firm/ Company)	,
10952 Copper Hill Drive	е	
	(Address)	
Jacksonville, Florida 32	2218	
	(City/ State and Zip Cod	e)
theliteracyinstitu	te@gmail.co	m
· · · · · · · · · · · · · · · · · · ·	sed for future annual report	
For further information concerning this matter, plea	se cail:	
Kathi M. Vaughn-Malpr	ess , 904	629-2872
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Statu	& \$\subseteq\$\$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		Address
Amendment Section Division of Corporations		Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Global Optimus Literacy Institute of America, Incorporated

13 SEP 20 PM 3: 17

(Name of Corporation as currently filed with the Florida Dept. of State)
N0800011428

SECRETARY OF STATE TALLAHASSEE FLORIDA

(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:

Optimus Literacy Institute	e of America,	Incorporated	
ame must be distinguishable and contain Company" or "Co." may not be used in		ion" or "incorporated" or	the abbreviation "Corp." or
3. Enter new principal office address.	if applicable:	10952 Copper	Hill Drive
Principal office address <u>MUST BE A STREET ADDRESS</u>		Jacksonville, Fl	orida 32218
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		P. O. Box 2333	4
(IIIIIIII) MAAI COS MAITE BESTEE OSE	OTTACE BOTT	Jacksonville, Florida 32241	
D. If amonding the majetand area a	3/		
new registered agent and/or the new	v registered office ac		er the name of the
	Kathi M. Va	ddress: ughn-Malpress	er the name of the
new registered agent and/or the new Name of New Registered Agent:	Kathi M. Va	ddr e ss:	er the name of the
	Kathi M. Va	ddress: ughn-Malpress per Hill Drive (Florida street address)	
new registered agent and/or the new Name of New Registered Agent:	Kathi M. Va	ddress: ughn-Malpress per Hill Drive (Florida street address)	r the name of the , Florida 32218 (Zip Code)
new registered agent and/or the new Name of New Registered Agent: New Registered Office Address New Registered Signature, if c	Kathi M. Va 10952 Copp Jacksonville (City)	ddress: ughn-Malpress per Hill Drive (Florida street address)	_, Florida <u>32218</u> (Zip Code)
new registered agent and/or the new Name of New Registered Agent:	Kathi M. Va 10952 Copp Jacksonville (City)	ddress: ughn-Malpress per Hill Drive (Florida street address)	_, Florida <u>32218</u> (Zip Code)

Page 1 of 4

If amending the Officers and/or Directors, enter the title and na	ame 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 J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove 2) Change			
Add			
3) Change Add			
Remove 4) Change Add			
Remove 5) Change			
Add			
6) Change			
Remove			

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

The date of each amendment(s) add	September 20, 2013	FILE other than the
date this document was signed.		
Effective date if applicable:		13 SEP 20 PM 3: 17
	(no more than 90 days after amendment file	•
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	SE ORE <i>limbi un stat</i> e, tallahassee, flor ida
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes ca i.	st for the amendment(s)
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amrs.	nendment(s) was/were
Dated Septem	mber 20/2013/ M. Vaugha Malbros	ω
(B) the chairr have not bee	man on vide chairman of the board, president or ot n selected, by an incorporator—(f in the hands of ppointed fiduciary by that fiduciary)—	
Kathi M. Va	aughn-Malpress	
((Typed or printed name of person signing)	
Founder, C	CEO, & President	
	(Title of person signing)	