

N150000

0467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

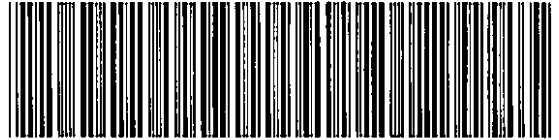
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form 4085

Office Use Only



300324551613

02/13/19--01002--024 ++\$5.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR 14 AM 9:06

Amend/ name change

MAR 23 2019

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Interplay Learning Academy, Inc

DOCUMENT NUMBER: N15000010467

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

Please return all correspondence concerning this matter to the following:

Dana Johnson

(Name of Contact Person)

Interplay Learning Academy

(Firm/ Company)

1816 Health Care Dr.

(Address)

Trinity FL 34655

(City/ State and Zip Code)

dana@thekidtherapist.com

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR 11 AM 9:06

For further information concerning this matter, please call:

Dana Johnson

(Name of Contact Person)

at 727 326 7791

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2019

DANA JOHNSON  
1816 HEALTH CARE DR  
TRINITY, FL 34655

SUBJECT: INTERPLAY LEARNING ACADEMY INC  
Ref. Number: N15000010467

We have received your document for INTERPLAY LEARNING ACADEMY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 819A00003624

RECEIVED  
2019 MAR 14 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Interplay Learning Academy Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N15000010467  
(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:

Invictus Academy Tampa Bay Inc 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)

1350 East Lake Rd N  
Tarpon Springs, FL  
34688

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1816 Health Care Dr.  
Trinity FL 34655

FILED  
SECRETARY OF STATE  
CORPORATIONS

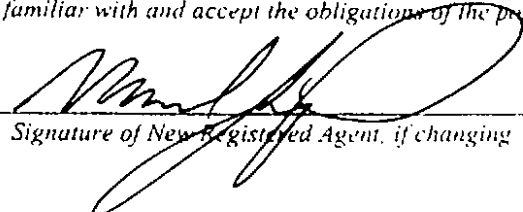
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Michael Jaap  
211 South Blvd  
(Florida street address)

New Registered Office Address:  
Tampa, Florida 33606  
(City) (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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Jessica Lealbetter</u>	<u>1816 Health Care Dr.</u> <u>Trinity FL 34655</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Lauri Swann Hunt</u>	<u>1816 Health Care Dr.</u> <u>Trinity FL 34655</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Henry Frost</u>	<u>1816 Health Care Dr.</u> <u>Trinity FL 34655</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Julie Stewart</u>	<u>1816 Health Care Dr.</u> <u>Trinity FL 34655</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

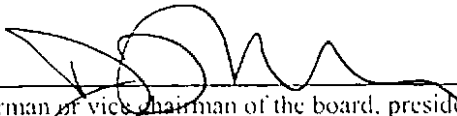
Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

**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 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 3/4/19

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)

Dana Johnson  
(Typed or printed name of person signing)

President  
(Title of person signing)