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(Re	questor's Name)	
(Ad	dress)	
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AUG 30 2017

R. Willia





TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Acade	mi Odio	ns, Tru
DOCUMENT NUMB	er: <u>f06000</u>	145520	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	OILL	Name of Contact Person	n
-	Acad	Firm/Company	orb, Inc.
-	82517	Tiana Po Address	inte Avenue
-	boynto	Boath City/ State and Zip Code	FL 33473
	E-mail address: (To be us	Carlem (COO) sed for future annual report	hous AO. wom
For further information	concerning this matter, pleas	se call:	
UILL RI	UCel f Contact Person	at (954	de & Daytime Telephone Number
	the following amount made:		
_	_	_	_
\$35 Filing Fec	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)
Mail	ine Address	Street	Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

FILED

Articles of In	- 1/ A!!C 66
Arabonic Option	5 100
(Name of Corporation as current	thy filed with the Florida Dept. of States (2)
P06000	14 5520
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5851 Train Court Avenue Bourton Bourt Q 33473
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6251 Triana Birt Avenue Boynton Beach, FU 33473
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	·
\ Q i	
Name of New Registered Agent ()	set o a la company de la compa
6251 TC 16 (Florida si	treet address)
New Registered Office Address: 12400 15-0	(City) Florida 3347.3 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change			
Add		\sim	
Remove			
2) Change			
Add			
Remove		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
prov	nendment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)

he date of each amendment(s) ad	option:	, if other than the
nte this document was signed.	•	
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	ite)
ote: If the date inserted in this bi ocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
loption of Amendment(s)	(<u>CHECK ONE</u>)	
the amendment(s) was/were ado the shareholders was/were suf	pted by the shareholders. The number of votes cast for the afficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and	i shareholder
amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder.	reholder
Dated	2/17	
Signature	V MI	
	rector, president or other officer - if directors or officers hav	
	 by an incorporator – if in the hands of a receiver, trustee, oed fiduciary by that fiduciary) 	r other court
	DILL Rickel	
	(Typed or printed name of person signing)	
	$Q_{C,\alpha,1}$	

(Title of person signing)