

L15000021615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

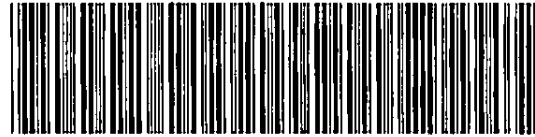
(Business Entity Name)

(Document Number)

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

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08/29/17--01009--003 \*\*5.00

08/14/17--01005--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 AUG 30 AM 8:27

*[Handwritten signature]* 8/30/2017

~~D. SCOTT~~

~~AUG 29 2017~~

Sunshine Kids Academy of Holiday

2908 Grand Blvd.

Holiday Fl. 34690

Corresponding address: 13511 Plantation Lake Circle

Hudson, Fl. 34669

August 23, 2017

Dear Mrs

As requested I redo the documents. I would like the change of name for Sunshine Kids Academy of Holiday to **Prepminds Academy** to be effective by October 15<sup>th</sup> instead of September 1, 2017.

I would also like my son to be added as MGR/AMBR and myself to be removed as MGR/AMBR by October, 15, 2017. Until further notice. I have enclosed an extra \$5.00 towards the prior fee of \$25 that I already paid.

Please contact me if there is any other information you need on 813 446 3562.

Yours sincerely

  
Kelis Richard

RECEIVED  
2017 AUG 25 PM 2:58  
CLARK COUNTY, FLORIDA  
TALLAHASSEE, FLORIDA

DP

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Prepminds Academy LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelis Richard

Name of Person

PREPMINDS ACADEMY LLC

Firm/Company

2908 GRAND BLVD

Address

HOLIDAY FL 34690

City/State and Zip Code

Kelismore@gmail.com

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

For further information concerning this matter, please call:

Kelis Richard

Name of Person

at

(813) 446 3562

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

17 AUG 30 AM 8:27

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: PREMIER ACADEMY

**SECOND:** The Florida Document number of the limited liability company is: L15000021615

**THIRD:** Document to be corrected is: LLC Amendment filed on 7/14/2017, effective

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)** 9/1/2017

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The effective date was incorrect.  
The effective date should October 12 2017  
The document should have reflected to remove  
Delis Richard as MGR & Adel Ashley Leslie  
OR  
Should be added as MGR.

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

8-29-17  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)