M16211

| (Requestor's Na | me) |
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| PICK-UP WAIT | MAIL |
| /D | Name |
| (Business Entity | Name) |
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SECRETARY OF STATE
TALLAHASSEE, FLORIO,

Anon P+N.C. C.COULLIETTE

JAN 08 2010

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

| NAME OF CORPO | ME OF CORPORATION: SECOND AVENUE CORPORATION | | | | <u>N</u> |
|---|--|--------------------------------------|---|------------------|---|
| DOCUMENT NUM | ИВЕR: | | M16211 | | |
| The enclosed Article | es of Amendment a | nd fee are submi | tted for filing. | | |
| Please return all cor | respondence concer | ming this matter | to the following: | | |
| | | | NAPOLEON | | |
| | | Name of Co | ontact Person | | |
| _ | | Firm/ C | Company | | |
| _ | | 160 NW 176 | ST SUITE 202 | | |
| | | Ad | dress | | |
| _ | | | ENS FL 33169 | | |
| | | • | and Zip Code | | |
| | E-mail address: (| jhonson@stai to be used for futur | tfei.com e annual report notifica | tion) | _ |
| For further informat | ion concerning this | matter, please c | all: | | |
| JHON | SON NAPOLEON | l at | (305) | 751-000 |)1 |
| Name of Contact Person | | | Area Code & Dayti | me Telephone | Number |
| Enclosed is a check | for the following an | mount made pay | able to the Florida I | Department of | of State: |
| □ \$35 Filing Fee | ☑ \$43.75 Filing Fee Certificate of Sta | tus | 343.75 Filing Fee & Certified Copy Additional copy is enclo | Cer osed) Cer | 2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is enclosed) |
| Mailing Ad Amendment Division of O P.O. Box 63 | Section Corporations | An Div | reet Address nendment Section vision of Corporatio fton Building | ns | |

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with | i the Florida L | Pept. of State) | | | |
|---|--------------------------|-----------------------|------------------------|----------------|--------------------|
| SECOND AVENUE COR | PORATIO | Ŋ | _ | | |
| (Document Number of Corpora | ation (if known |) | | | |
| rsuant to the provisions of section 607.1006, Florida Statendment(s) to its Articles of Incorporation: | utes, this Flora | ida Profit Corpora | <i>tion</i> adop | ots the | followi |
| If amending name, enter the new name of the corporati | on: | | | | |
| AZURE COLLEGE, | INC | | | The i | naw |
| ne must be distinguishable and contain the word "con previation "Corp.," "Inc.," or Co.," or the designation "c me must contain the word "chartered," "professional assoc | Corp," "Inc," | or "Co". A profe. | ssional co | \bar{d} " or | the |
| Enter new principal office address, if applicable: | | V 56TH COURT | | | |
| incipal office address <u>MUST BE A STREET ADDRESS</u>) | MIAMI FL | 33055 | Þó | | |
| | <u>IVIII II L</u> | | | 5 | |
| | - | | - 2 2 | | |
| Enter new mailing address, if applicable: | | | AR SS | 9- | EXPENSES STREET |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | | | PH | 610 |
| | | | L S | 123 | |
| | | | 77 A | မွှ | 1 |
| If amending the registered agent and/or registered office | e address in F | larida enter the n | ©im }> ome of th | | |
| new registered agent and/or the new registered office ac | <u>idress:</u> | iorida, enter the ir | ame or m | <u>ic</u> | |
| Many and Many Description of the same | | | | | |
| Name of New Registered Agent: | | | | | |
| New Projection of Office Address | | | | | |
| New Registered Office Address: (Flo | (Florida street address) | | | | |
| | | , Floric | la | | |
| (City |) | (Zip Code) | | | |
| w Registered Agent's Signature, if changing Registered | Agent: | | | | |
| ereby accept the appointment as registered agent. I am fan | niliar with and | accept the obligation | ons of the | positio | on. |
| | | | | | |

. 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) **Type of Action** Title **Name** Address Р **BETSY F. NAPOLEON** ✓ Add 18926 NW 56 CT ☐ Remove MIAMI FL 33055 JHONSON NAPOLEON VΡ 18926 NW 56 CT S JEAN L. FRANCOIS <u>18926 NW 56 CT</u> ✓ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendmen | t(s) adoption: NOVEMBER 12, 2009 |
|--|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) NOVEMBER 12, 2009 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated | Jean L François |
| Signature _ | Team & Francis |
| (B ₂ | y a director, president or other officer – if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| 1 | JEAN L. FRANCOIS |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |