# M01000003067

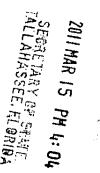
(	Requestor's Name)		
(	Address)		
	Address)		
(	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

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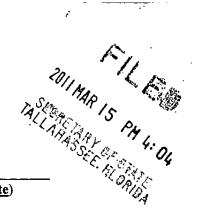
NG 3/1/1

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LIL-ONES WORLD DAY CARE CENTER, INC.					
	NO 10000000				
DOCUMENT N	UMBER: N0100003067				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
		RANKLIN, SR.			
	· (Name of C	ontact Person)			
	LIL-ONES WORLD DA	AY CARE CENTER, INC.			
	(Firm/ (	Company)	<u> </u>		
<del></del>	1735 SE HAW	THORNE ROAD			
	(Ad	dress)			
	CAINEOVILLE EL 20044				
	GAINESVILLE, FL 32641 (City/ State and Zip Code)				
	(Only) States	and Zip code)			
	Lilones1@lk.	.cfcoxmail.com			
		or future annual report notificati	on)		
For further inform	ation concerning this matter, please c	all:			
JAMES G. FRANKLIN, SR.		_at (352) 335-2285			
(Na	me of Contact Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a chec	k for the following amount made pay	able to the Florida Department o	f State:		
	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		Street Address Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center C	ircle		
		Tallahassee, FL 32301			

#### **Articles of Amendment** to **Articles of Incorporation** of



#### LIL-ONES WORLD DAY CARE CENTER, INC.

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

#### N01000003067

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

	WORLD ACADEMY, INC.	" "issaumonated" on the
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company"</u>		
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
. If amending the registered agent and/or	registered office address in Flori	da. enter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg		da, enter the name of the
		da, enter the name of the
new registered agent and/or the new reg		
new registered agent and/or the new reg	gistered office address:	
new registered agent and/or the new reg	gistered office address:	· ·
Name of New Registered Agent:	gistered office address:  (Florida street address, (City)	, Florida

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)

**Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> \_ 🔲 Add ☐ Remove \_\_\_\_ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: December 10th, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)  January 3rd, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Dec	ember 15th, 2010
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	JAMES G. FRANKLIN, SR.
	(Typed or printed name of person signing)
	BUSINESS MANAGER
	(Title of person signing)

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