

ND1 0000004518

(Requestor's Name)

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(Address)

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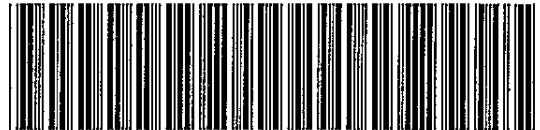
(Business Entity Name)

(Document Number)

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09/27/04--01030--007 **43.75

Amend/CUS
(1a) 10.5.04

FILED
04 SEP 27 PM 3:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
04 SEP 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: The Navigator School Inc.

DOCUMENT NUMBER: N01000004518

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

Please return all correspondence concerning this matter to the following:

Kent Neilson

(Name of Contact Person)

The Navigator School Inc.

(Firm/ Company)

607 Celebration Ave

(Address)

Celebration, FL 34747

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Kent Neilson

(Name of Contact Person)

at (407) 566-2223

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of
The Navigator School, Inc.

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

N01000004518

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article II: Principle place of business and mailing address shall be:
607 Celebration Avenue, Celebration Florida, 34747 (phone: 407-566-2223)

Directors and officers are as follows (Complete List):

Dr. Altha M. Neilson (Director, President)
607 Celebration Ave, Celebration FL 34747

Ms. Tamara L. Loiselle (Director, Vice-President, Secretary)
607 Celebration Ave, Celebration FL 34747

Mr. Kent R. Neilson (Director, Vice-President, Treasurer)
607 Celebration Ave, Celebration FL 34747

(Attach additional pages if necessary)

(continued)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: March 31, 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 23 day of September 2004

Signature

Altha M. Neilson

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Dr. Altha M. Neilson

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35