## NOYOOOBU82

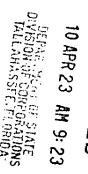
(Re	equestor's Name)	- ,
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ie)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TALLAHASSEE, FLUKIDA

Amena 10 10 10

## **COVER LETTER**

TO: Amendment Section Division of Corporations

	,		
NAME OF CORPO	ration: <u>6WENAN</u> ber: <u>N04000</u>	DREWS Academ	ny INC.
DOCUMENT NUM	BER: <u>NO4000</u>	008682	
	s of Amendment and fee are subm		
Please return all corre	espondence concerning this matte	r to the following:	
	Eureka (Name of G	Butlel Contact Person)	
	`	s Academy -	Inc.
	655 Sheli	NEDR	
	(A	ddress)	
	Havana Fl	- 3233 3 and Zip Code)	
		_	
	9 Wen andrews 86 E-mail address: (to be used	O COMCast. Ne + Tor future annual report notific	cation)
	on concerning this matter, please		
Eureka	Butler of Contact Person)	ai ( <u></u>	0-/038 ime Telephone Number)
(********	· · · · · · · · · · · · · · · ·	·	•
Enclosed is a check for	or the following amount made pa	yable to the Florida Departme	nt of State:
\$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)
Amer Divis P.O. I	ng Address Indicate the section of Corporations Box 6327 Inassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle

## Articles of Amendment to

Α	rticles of In	corporation	10. 4/2
$\bigcap$	O	/ 1	- 10g
6 WENANDLO	3WS	Heademy_	INC. 0
(Name of Corporation as c	urrently filed	l with the Florida Dept.	of State)
NO4DA	0008	682	
(Document)		orporation (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of			For Profit Corporation adopts .
A. If amending name, enter the new nam	e of the corp	oration:	
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Company	d contain the	word "corporation" or nay not be used in the na	"incorporated" or the
B. Enter new principal office address, if	applicable:		
(Principal office address MUST BE A STR		ESS)	
		<del></del>	
	•		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
		·	
D. If amending the registered agent and/ new registered agent and/or the new i			la, enter the name of the
	egistered ot.	Top Man Copt	
Name of New Registered Agent:	<del></del>		<del></del>
		<u> </u>	<del></del>
New Registered Office Address:		(Florida street address)	
			, Florida
	r	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as regist			l accept the obligations of the
position.			
٠.	Signatura	of New Registered Agent	if changing
		-,	v

## 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)

Address Type of Action **Remove** E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

	4/23/10
The date of each amendment(s) ac	(date of adoption is required)
Effective date if applicable:	(wate of adoption is required)
	(no more than 90 days after amendment file date)
	ı
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were addwas/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
DatedSignature	4/23/10
(By the c have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Eureka Butter
	(Typed or printed name of person signing)
	CED President
	(Title of person signing)

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