

N05000004237

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Excel Leadership Academy, Inc.

DOCUMENT NUMBER: N05000004237

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

Please return all correspondence concerning this matter to the following:

Tonya A. Deal

(Name of Contact Person)

Life Skills Center Palm Beach County

(Firm/ Company)

P.O. Box 17755

(Address)

West Palm Beach, FL.33406

(City/ State and Zip Code)

Tonya.Deal@lifeskillscenters.com

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

For further information concerning this matter, please call:

Tonya A. Deal

(Name of Contact Person)

at (561)

389.9959

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 14 AM 8:54

Excel Leadership Academy, Inc.

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

N05000004237

(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:

A. If amending name, enter the new name of the corporation:

Life Skills Center Palm Beach County, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 17755

West Palm Beach, FL 33416

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

5096 Northern Lights Drive

New Registered Office Address:

(Florida street address)

Greenacres

(City)

Florida 33463

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>President</u>	<u>Dorothy Gay</u>	<u>P.O. Box 21552</u> <u>West Palm Beach, FL 33416</u>
2) <u>Director</u>	<u>Dr. Anthony Allen</u>	<u>7060 Old Orchard Way</u> <u>Boynton Beach, FL 33436</u>
3) <u>Director</u>	<u>Ms. Gina Owens</u>	<u>2827 Helm Court</u> <u>Apt. #205</u> <u>Lantana, FL 33462</u>
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>DV</u>	<u>Dr. Glenda Garrett</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

[illegible]

The date of each amendment(s) adoption: November 10, 2011

(date of adoption- required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

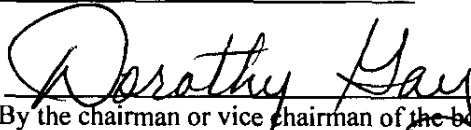
(CHECK ONE)

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

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

Dated November 10, 2011

Signature



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

Dorothy Gay

(Typed or printed name of person signing)

Board President

(Title of person signing)