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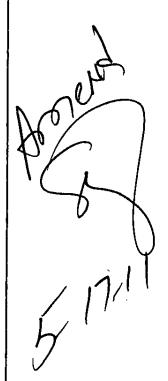
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Kids World of Learning Elm. Pre-k-5th
DOCUMENT NUMBER: 107 0000 350 7
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tonya Weaver Name of Contact Person
Kids World of Learning Elem. Pr-k-5th In
709 N Church Ar. N Address
Mulberry, FG 33860 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (863) 409 - 5363 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (Additional copy is enclosed) \$\text{Certified Copy}\$\$ Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	earning E	lem, Pre-K-Sth	Inc.
N0700003507	er of Corporation (if kno		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Florida Profit Corporation ado	ots the following
A. If amending name, enter the new name of t	he corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profe	lesignation "Corp," "In	c," or "Co". A professional co	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reg		in Florida, enter the name of the	2011 HAY 10 AH 8: 32
new registered agent and/or the new register			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
_	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of the	position.
Sign	nature of New Registers	ed 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 Title Name Address ☐ Remove 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 amendment(s) adoption: <u>H/5 </u>
(date of adoption is 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.
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, o other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)