

N08000004637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

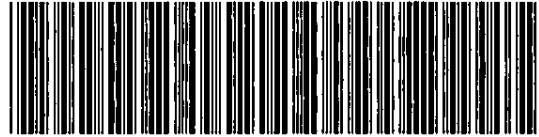
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
News 2/6/09
cc

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: QUALITY LIFESTYLE ENHANCEMENT LEARNING, INC.

DOCUMENT NUMBER: NO8 000004637

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

Please return all correspondence concerning this matter to the following:

ALTERMEASE S. HUBBARD
(Name of Contact Person)

QUALITY LIFESTYLE ENHANCEMENT LEARNING, INC.
(Firm/ Company)

5104 N. ORANGE BLOSSOM TRAIL #110
(Address)

ORLANDO, FLORIDA 32810
(City/ State and Zip Code)

For further information concerning this matter, please call:

ALTERMEASE S. HUBBARD at (321) 594-0899
(Name of Contact Person) (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)

*paid
ALREADY*

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2009

ALTERMEASE S. HUBBARD
5104 N. ORANGE BLOSSOM TRL #110
ORLANDO, FL 32810

SUBJECT: QUALITY LIFESTYLE ENHANCEMENT LEARNING, INC.
Ref. Number: N08000004637

We have received your document for QUALITY LIFESTYLE ENHANCEMENT LEARNING, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 109A00001365

Articles of Amendment
to
Articles of Incorporation
of

QUALITY LIFESTYLE ENHANCEMENT LEARNING, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO800004637

(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:

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)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SECRETARY</u>	<u>GREGORY A. JACKSON</u>	<u>7905 COMBEE CT N.</u> <u>JACKSONVILLE, FL 32211</u>	☒ Add ☐ Remove
<u>SECRETARY</u>	<u>ROBIN MILLER</u>	<u>5104 N. ORANGE BLOSSOM</u> <u>TRL #110</u> <u>ORLANDO, FL 32810</u>	☐ Add ☒ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 12/29/08

Effective date if applicable: 01/01/09
(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 12/29/08

Signature A. S. Hubbard
(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)

ALTERMEASE S. HUBBARD
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)