N08000005196

| (1 | Requestor's Name) |
|----------------------|-------------------------|
| (, | Address) |
| (, | Address) |
| (1 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (1 | Business Entity Name) |
| (1 | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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Office Use Only



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06/27/08--01041--016 **35.00



Award N.C.

C. Coulitatio JUL 1 7 2008

GOVER LETTER

TO: Amendment Section Division of Corporations

| Flockoth Ocademy Others |
|---|
| NAME OF CORPORATION: |
| DOCUMENT NUMBER: NO800005196 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Hillpry S. GRAT |
| (Name of Contact Person) |
| Hillary J. CTRAT |
| 460 Chubut et |
| (Address) (City/ State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (347), (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Street Address Amendment Section |

(See attached Chies)

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2008

HILLARY S. GRANT 460 CHUBUT CT PUNTA GORDA, FL 33983

SUBJECT: THE CLINE CENTER (AFTER SCHOOL) CORP.

Ref. Number: N08000005196

We have received your document for THE CLINE CENTER (AFTER SCHOOL) CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

You must check one of the blocks showing for the manner of adoption on page 2 of your application.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 308A00039171

SECRETRRY OF STATE ACIROLA HASSEE, FLORIDA

2008 HA TI JUL 8005

HECHNED

Articles of Amendment to
Articles of Incorporation

| Cline Contar Other School Corp. |
|---|
| (Name of corporation as currently filed with the Florida Dept. of State) |
| (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: |
| (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 opporation) |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
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(Attach additional pages if necessary) (continued)

| The date of adoption of the amendment(s) was: 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. |
| Signature 69Ra A |
| (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.) |
| Hillary S. Grat |
| (Typed or printed name of person signing) Resident description School School |
| (Title of person/signing) |
| FILING FEE: \$35 |

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