## N09000004099

(Requestor's Name)  (Address)	800160350678
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	09/09/0901018006 **35.00
(Business Entity Name)  (Document Number)	99 SEP -9
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CO	DRPORATION: Journey's Ac	ademy Educational	Pathways to Success Co
DOCUMENT	NUMBER: NOROCCOAC	99	
The enclosed A	rticles of Amendment and fee are submi	itted for filing.	
Please return al	l correspondence concerning this matter	to the following:	•
	Karissa Toll	iver	
	(Name of Co	ontact Person)	· · · · · · · · · · · · · · · · · · ·
	Journeys Academ	y Educational Pathw Company)	ays to Success "Corp"
	1855 Lansing	S+ dress)	<del></del>
	Melbourne Fi	32935 and Zip Code)	
For further info	Journeysacademy (CE-mail address: (to be used formation concerning this matter, please c		on)
Por further line	mation concerning this matter, please c	aii.	
	Karissa Tollivey Name of Contact Person)	_at(321)_271-	8107
(	Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a cl	heck for the following amount made pay	able to the Florida Department o	f State:
\$35 Filing F	ee	☐ \$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 C Tallahassee, FL 32301	

## **Articles of Amendment** Articles of Incorporation

	of	•
James's Academi	1 Educat	tional Pathways to Success Con
(Name of Corporation as current	y filed with t	the Florida Dept. of State)
N0900000409		
(Document Number		ion (if known)
(Document Number	n or corporation	on (it known)
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incom		, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of th	e corporation	n;
		_
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "		
B. Enter new principal office address, if applica	able:	٣ ه ١١
(Principal office address MUST BE A STREET A		
		75, 7
C Francisco mailing address if applicables		22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	3435 Heild Rd
		West Melbourne
		FL, 32904
D. If amending the registered agent and/or reg	determination	address in Florida anton the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Karissa	Tolliver
<u>.</u>	3435 H	Heild Rd
New Registered Office Address:	(Florid	ida street address)
L.	Jest Me	elbourne Florida 32904
		(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		
Kari	m. 2000	1 mm /
Sign	nature of New	Registered Agent, if changing

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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> Name	<u>Address</u>	Type of Actioom
Financial Soc <u>Judy Cannon</u> Trescures	1855 Lansing st Welhourne, FD 31935	Add Remove
Bus. Director John McMorriss	1855 Lansung St	Add Remove
Treasurer Lisa Leslie	1866 Lansing St Melbourne, El 32935	Add Remove
E. If amending or adding additional Articles, enter of (attach additional sheets, if necessary). (Be specificational sheets)	change(s) here: (c)	
	,	
	· 	

## 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>	Address	Type of Action
DIR.	Gode Bessey  Tara Fox-Bessey	5181 Frederick Au West Melbourne. FL 32904	Add Remove
DIR.	Tara Fox-Bessey		Add Remove
Busines Dir. TRESUVEY	John McHornss Judy Cannon		And Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		
Y			
		1 * * * * * * * * * * * * * * * * * * *	

The date of each amendment(s) adoption: 909 09
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 amendmennts(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we'ese adopted by the board of directors.
Dated 9/09/09
(By the chairman or vice chairman of the board, president or other officer-if defirectors have not been selected, by an incorporator – if in the hands of a receiver, transitee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

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