N0900007028

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entry Warre)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	:

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08/03/09--01012--009 **43.75



Aprend, 08/20/09 Dc



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2009

KENNETH MCCOY 15271 NW 60TH AVE. SUITE 203 MIAMI LAKES, FL 33014

SUBJECT: BACK TO THE BASICS IN EDUCATION INC

Ref. Number: N09000007028

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6906.

Letter Number: 009A00027369

Darlene Connell Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BACK	to the basics in Ec	ducation Inc		
DOCUMENT NUMBER: NO90	0000 7028			
The enclosed Articles of Amendment and fe	e are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Kenneth	Mc Coy Name of Contact Person)	·		
<u>Kenneth</u> V	V. Mcloy PA. (Firm/ Company)	·····		
15271 NW 6	00+h AVE # 203 (Address)			
MIAMI LAKES TL 33014 (City/ State and Zip Code)				
E-mail address:	@ bellsouth.net to be used for future annual report notifi	cation)		
For further information concerning this matt	er, please call:			
(Name of Contact Person)	at (<u>305</u>) <u>698</u> (Area Code & Days	3 9001 time Telephone Number)		
Enchosed is a check for the following amoun	nt made payable to the Florida Departme	ent of State:		
Enclosed is a check for the following amount of the fo	e & \$\Bigsquare \\$43.75 \text{ 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 Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

Articles of Amendment to Articles of Incorporation

VI
Back to the Basics IN Education INC
(Name of Corporation as currently filed with the Florida Dept. of State)
N0900000 7028
(Document Number of Corporation (if known)
ant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corpora

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

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:

bbreviation "Corp." or "Inc." <u>"Company" or '</u> Enter new principal office address, if applic		SF G
Principal office address <u>MUST BE A STREET</u>	ADDRESS)	1 E
		ARY OF
Enter new mailing address, if applicable:		0.0 1.8 1.8
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	30 m
		C*
·		
·		
). If amending the registered agent and/o <u>r reg</u>	istered office address in Florida	, enter the name of the
If amending the registered agent and/or reg new registered agent and/or the new register		, enter the name of the
new registered agent and/or the new registe		ı, enter the name of the
		ı, enter the name of the
new registered agent and/or the new registe		i, enter the name of the
new registered agent and/or the new register Name of New Registered Agent:	red office address:	
new registered agent and/or the new register Name of New Registered Agent:	red office address: (Florida street address)	 , Florida
new registered agent and/or the new register Name of New Registered Agent:	red office address:	
new registered agent and/or the new register Name of New Registered Agent:	(Florida street address) (City) Registered Agent:	, Florida (Zip Code)

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
<u>VP</u>	Dillard Tramar	15271 NW 60Th STE 203 MIAMI LAKES F	🔲 Remove
	· · · · · · · · · · · · · · · · · · ·		
E. If amend	ding or adding additional Articles, ente	r change(s) here: cific)	
	·		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: _	8/17/09
The date of each amendment(s) adoption.	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no me	ore than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were
Dated	
have not been select	r vice chairman of the board, president or other officer-if directors cted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
(T	JEresa Thomas yped or printed name of person signing)
·	(Title of person signing)

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