

N10000002662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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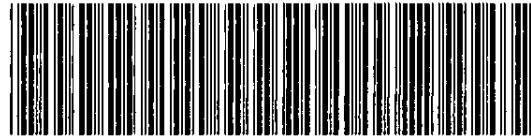
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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Amend

T. Brown 3-14-11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ADVENTURE LEARNING MISSIONS, INC.

DOCUMENT NUMBER: N 10000002662

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

Please return all correspondence concerning this matter to the following:

Wendy Sweeting  
(Name of Contact Person)

Adventure Learning Missions, Inc.  
(Firm/ Company)

2401 W- Cypress Cr Rd.  
(Address)

Ft Lauderdale, FL 33309  
(City/ State and Zip Code)

Wendysw@CalvaryFL.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Sweeting at (954) 556-4668  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2011

WENDY SWEETING  
ADVENTURE LEARNING MISSIONS, INC.  
2401 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

SUBJECT: ADVENTURE LEARNING MISSIONS, INC.  
Ref. Number: N10000002662

We have received your document for ADVENTURE LEARNING MISSIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no statutory provision to file articles of correction to correct an annual report. An amended annual report would need to be filed. The amended annual report is filed online at our website, [www.sunbiz.org](http://www.sunbiz.org).

Or the changes can be made by filing the enclosed Articles of Amendment.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 411A00005044

Articles of Amendment  
to  
Articles of Incorporation  
of

ADVENTURE LEARNING MISSIONS, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N10000002662

(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)

\_\_\_\_\_, Florida  
(City) (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

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The date of each amendment(s) adoption: \_\_\_\_\_ February 21, 11 \_\_\_\_\_  
(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.

Dated March 8, 2011

Signature Chet Lowe  
(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)

CHET LOWE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)