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SECRETARY OF SATIONS DIVISION OF CORPORATIONS

Amend 10 2/1/

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: The MO	onarch Learnin	ig Academy, Inc.
DOCUMENT NUM	iber: 60017799	15646	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Rose M.	Marsh f Contact Person)	
	Rose M. M.	larsh P.A.	
	390 N. Orang	e Ave Ste a	7100
	(==-,	o FL 32801 ate and Zip Code)	
	F-maN-address: (to be use	arsh law. comed for future annual report notific	cation)
	on concerning this matter, pleas		
Rose	Marsh	at (<u>407</u>) <u>48</u> (Area Code & Dayt	1-01067
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departme	nt 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

			Academy, Inc.
(Name of Corporation as cu		>(<u>t. of State)</u>
(Document N	umber of Corpora	tion (if known)	<u> </u>
(Document Notes) Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	6, Florida Statute Incorporation:	s, this <i>Florida No</i>	t For Profit Corporation 300
A. If amending name, enter the new name			or "incorporated" or the
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			or "incorporated" or the same.
B. Enter new principal office address, if a		1600 S	. Orlando Avenu
(Principal office address <u>MUST BE A STRE</u>	<u>EET ADDRESS</u>)	Winter	Part, PL 32789
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		•	Orlando Avenue Park, fr 32789
D. If amending the registered agent and/or new registered agent and/or the new re			ida, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flor	rida street address	<u> </u>
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.			d accept the obligations of th
_	Signature of New	Registered Agen	t, if changing

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
D	murray christiansen		☐ Add ☐ Remove
0	Barbara Blackwell	917 Garden Drive Winter Park fr	. ☑ Add ☐ Remove
	(see attached)		☐ Add ☐ Remove
	ding or adding additional Articles, enter cl dditional sheets, if necessary). (Be specific		
	· · · · · · · · · · · · · · · · · · ·		
			

D	Martha Formella	1829 Ivanhoe Road Orlando, FL 32809	Just correct name spelling
D	Joanna Eckhardt	205 Hazard St. Orlando, FL 32804	Add
D	Jeff Hartman	488 Misty Lane Winter Park, FL 32789	Add
D	Katie Higgins	29 Interlaken Rd. Orlando, FL 32804	Add

•

•

The date of each amendment(s) ac	
Effective date <u>if applicable</u> :	(date of adoption is required) (1 28 11) (no more than 90 days after amendment file date)
Adoption of Amendment(s) The amendment(s) was/were add was/were sufficient for approval.	(CHECK ONE) upted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
have not	nairman of vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or trappointed fiduciary by that fiduciary)
	Nancy Hannford (Typed or printed name of person signing) Director (Title of person signing)