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(F	Requestor's Name)
	Address)
(*	wuressy
(A	Address)
(C	Dity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





09/04/12--01009--021 \*\*35.00





## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION:	ACATION NETW	ORK, INCORPORATED
DOCUMENT NUMBER: N1100000	3282	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
MCDUFFIE, ZACHAR	ΥM	
	(Name of Contact Person	1)
LEARNING VACATION N	IETWORK, I	NCORPORATED
	(Firm/ Company)	
2462 ARLINGTON ST	REET	
	(Address)	
SARASOTA FL 34239	)	
	(City/ State and Zip Cod	e)
zmcduffie@mad		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
MCDUFFIE, ZACHARY	Y M <sub>at</sub> 941	9528337
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \text{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)
Mailing Address		Address
Amendment Section Division of Corporations		Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



## LEARNING VACATION NETWORK, INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000003282

(Document Number of Corporation (if known)

Pursuant to the provisions of section 61 amendment(s) to its Articles of Incorpo		Not For Profit Corporation adopts the following
A. If amending name, enter the new	name of the corporation:	
LEARNING VACATION	NETWORK FOUNDAT	FION, INCORPORATED $_{\it The new}$
		rporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used	<u>in the name</u> .	
B. Enter new principal office address (Principal office address MUST BE A		
ir rincipal office address <u>MOST BE A</u>	SIRLEI ADDRESS )	
C. Enter new mailing address, if app	aliaahla.	
(Mailing address MAY BE A POS		_
	<b>₩₩</b> ₩₩₩	
D. If amending the registered agent : new registered agent and/or the n		Florida, enter the name of the
Name of New Registered Agen		
Name of New Registered Agen	1064 N. Tamiami	Trail #1533
	(Florida street ac	
New Registered Office Address:		
	Sarasota	, Florida 34236
	(City)	(Zip Code)
New Registered Agent's Signature, if		
I hereby accept the appointment as reg	istered agent. I am familiar with an	d accept the obligations of the position.
-	Signature of New Registered Agent, if	Calendario
ن ماند الماند المان	ngnanare oj mew negisiereu Ageni, ij	CHANGING

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

 $P = President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add			•		
Remove					
5) Change			·		
Add			<u> </u>		
Remove					
6) Change					
Add	<del></del>				
Remove					

attach additional	dding additional Ai sheets, if necessary).	. (Be specific)			
<del>- 1</del>	<del> </del>				
		<del></del> .			
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· <u>•</u>	# 18-11-4-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			<del></del>	
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The	e date of each amer	odment(s) adoption: 07/23/2012	
	ective date <u>if appli</u> e	07/23/2012	
		(no more than 90 days after amendment file date)	
Ado	option of Amendm	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	8/18/2012	
	Signature	ZACHARY M MCDUFFIE	-
		(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)	
	ZA	CHARY M MCDUFFIE	
		(Typed or printed name of person signing)	
	Pro	esident	

(Title of person signing)