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DEPARTMENT OF STATE OF STATE CORPORATION

Anero C.COULLIETTE

SEP 13 2011

EXAMINER



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Advance	Academics Youth	Empowernet INC
DOCUMENT NUM	BER: <u> 00000</u> 37	717	NO
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
\mathcal{I}	DAVID C. Name of	Contact Person)	
Ada	pance Academics (Firm	Yoth Enforces	met_
רצו	s Paul Russell	Road suite 3 ⁻ Address)	3 م
TA	Mahassee, Et	3230 \te and Zip Code)	<u>-</u>
9.	A Fictiona do Eyah E-mail address: (to be use	no · Cox d for future annual report notifi	cation)
For further information	on concerning this matter, please	e call:	
(Name	of Contact Person)	at () (Area Code & Dayt	ime Telephone Number)
Enclosed is a check f	or the following amount made p	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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	<u>y filed with the Florida Dept. o</u>	f State)
M 1100000 3717		
	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp	rida Statutes, this Florida Not Fooration:	or Profit Corporation adopts
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and contaabbreviation "Corp." or "Inc." "Company" or "Compa	in the word "corporation" or Co." may not be used in the nam	"incorporated" or the see.
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.		T _A cc.
<u> </u>		SEC #
C. Enter new mailing address, if applicable:		SSE SSE
(Mailing address MAY BE A POST OFFICE I	<u></u>	m _c ≥ n
		<u> </u>
		58 810 _A
D. If amending the registered agent and/or regis	stered office address in Florida	enter the name of the
new registered agent and/or the new registered	ed office address:	the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
New Negistered Office Address.	(Florida sireet dadress)	
	(City)	, Florida (Zip Code)
	(0.13)	(Lip Couc)

Signature of New Registered Agent, 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>	Name	Address	Type of Action
75	Sherrilyn Scott	3808 N.W. 203 st.	
			
E. <u>If amen</u> (attach a	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe	er change(s) here: ecific)	

The date of each amendment(s) a	doption: 4/13/2011
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 9/1	3/20/1
Signature	
have not	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator — if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
Ī	(Typed or printed name of person signing)
	President
	(Title of person signing)