N11000004080

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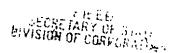
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:			
N1100004080 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Angela Williams			
	(Name of Contact F	Person)	
Right Strive Academy			
	(Firm/ Compar	ny)	
950 Ryanwood Drive			
	(Address)		
West Palm Beach, Florida 33413			
	(City/ State and Zip	Code)	
awill82@comcast.net			
E-mail address: (to be used	for future annual re	port notification)
For further information concerning this matter, please	call:		
Angela Williams	а	561	352-5378
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of S	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	D Filing Fee cate of Status and Copy clonal Copy clonal Copy is used)
Mailing Address Amondment Section Silvision of Corporations Box 6327 Co Dallahassee, FL 32314	A D C 20	treet Address mendment Sectivision of Corpolifton Building 661 Executive Callahassee, FL 3	enter Circle

Articles of Amendment to Articles of Incorporation of



Right Strive Academy, Inc

BH JUN 28 PM 4 12

(Name of Corporation a	s currently filed	with the Florida	Dept. of State)	
N11000004080				
(Docume	ent Number of Co	rporation (if know	vn)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this F	Elorida Not For P	rofit Corporation adopts the foll	owing
A. If amending name, enter the new name of the core Reyal Kids Acade My of the name must be distinguishable and contain the word	corporation: the Palm	Beaches	, Fic.	e new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation" or	"incorporated" a	r the abbreviation "Corp." or "	Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ADDRES				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, ent	er the name of the	
Name of New Registered Agent:				
New Registered Office Address:	····	(Florida	ı street uddress)	
_			, Florida (Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.		th and accept the	obligations of the position.	
	Signature	of New Registered	l 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)

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

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = 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 Do Mike Jo Sally Sn	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		-		_	
Add Remove				_	
2) Change		•••		_	
Remove 3) Change				-	
Add	-	_		_	
4) Change		-		_	
Add Remove				-	
5) Change Add		-		-	
Remove				-	
6) Change Add		-		-	
Remove					

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	6/5/2018	
The date of each amendment(s) adop late this document was signed.		, if other than the
	· · · · · · · · · · · · · · · · · · ·	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be rument of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors.	rs entitled to vote on the amendment(s). The amendment(s) was/were	
6/5/2018 Dated		
Signature Allyla	Giliani)	_
(By the/chairma have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
Angela	Williams	
J	(Typed or printed name of person signing)	
Presider	1 +	
	(Title of person signing)	