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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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Amend CC

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Mayesty | leadership | Academy, Inc |
|---|---------------------------------|--|------------------------|
| DOCUMENT NUMBER: | 1100000622 | <u>C</u> | |
| The enclosed Articles of Amendment and | l fee are submitted for filing. | | |
| Please return all correspondence concerni | ng this matter to the following | g: | |
| | Marice Mme (Name of Contact | Ka | |
| | (Name of Contact | ct Person) | |
| | | | |
| | (Firm/ Comp | pany) | |
| < | 3700 NW 5 ^Y | h ace, | |
| | (Address | s) - | |
| | Micani | (133150) Zip Code) | |
| | | | |
| E-mail address | m 33138 @ yo | Treport notification) | |
| For further information concerning this m | atter, please call: | | |
| (Name of Contact Person) | at (3 | OB <u>758-3</u> (Area Code & Daytime Tele | 3735 ephone Number) |
| Enclosed is a check for the following amo | ount made payable to the Flori | ida Department of State: | |
| □ \$35 Filing Fee □\$43.75 F Certificate of Stat | (Additional co | Fee & \$\textstyle \textstyle \tex | Fee |
| Mailing Address Amendment Section | | Street Address Amendment 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 of

Majesty Locidorship Acadomy Inc

| (Name of Corporation as currently f | | | |
|---|---|------------------------------------|--------------------|
| DILO | 00006226 | | |
| | umber of Corporation (if known) |) | |
| Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation | | Not For Profit Corporation adop | ts the following |
| A. If amending name, enter the new name | of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain the "Company" or "Co." may not be used in the | e word "corporation" or "incor _l <u>e</u> name. | porated" or the abbreviation "Co | orp." or "Inc." |
| B. Enter new principal office address, if a (Principal office address MUST BE A STRE | pplicable: | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicab | | | |
| (Mailing address MAY BE A POST OF) | FICE BOX) | | — : Gran |
| | | | - H |
| | | | 一 架 |
| D. If amending the registered agent and/on new registered agent and/or the new re | | lorida, enter the name of the | 12 JAN -9 PH 2: 80 |
| Name of New Registered Agent: | Maria Mm | u K ci | |
| | 8700 NW F | oth Aue | — · |
| New Registered Office Address: | (Florida street add | ress) | |
| _ | micimi | , Florida <u>331</u> E | <u> </u> |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered | ging Registered Agent: d agent. I am familiar with and | accept the obligations of the posi | ition. |
| | Mam | | |
| Signat | ure of New Registered Agent, if a | 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 = 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 | PT John | n Doe | |
|-------------------------------|-----------------------|-----------------|--|
| X Remove | <u>V</u> <u>Mik</u> | <u>xe Jones</u> | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add Remove | D | Dadia Doale | 16950 W Dixie Hwy micami, fl 33160 |
| 2)ChangeAddRemove | P | Maria Mmeka | 3490 now 191 st microsi gardens Fi 33056 |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| If amending or adding additional (attach additional sheets, if necessar | y). (Be specific |) | | |
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| The date of each amendment(s) adoption: | | | |
|---|---|--|--|
| Effe | ctive date <u>if applicable</u> : (no more than 90 days after amendment file date) | | |
| | (no more than 50 days after amenament file date) | | |
| Ado | ption 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 12 19/11 | | |
| | Signature | | |
| | (By the chairmant 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) | | |
| | Christina Wyson | | |
| | (Typed or printed name of person signing) | | |
| | Divector | | |
| | (Title of person signing) | | |