## N11000010730

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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JACOBS	ACADEMY	, CORP.		
DOCUMENT NUMBER: N11000010	730			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Jude Emma Scolnick				
	(Name of Contact Person	)		
Jacobs Academy, Corp.				
	(Firm/ Company)			
403 NW 68th AVE. Suite	511			
	(Address)			
Plantation Florida 33317				
	(City/ State and Zip Code	)		
Jude@jacobsacademy.org				
E-mail address: (to be used	for future annual report n	otification)		
For further information concerning this matter, please of	call:			
Jude Emma Scolnick	<sub>at</sub> 954	235-5555		
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

## JACOBS ACADEMY, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) N11000010730 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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>V</u> <u>Mike</u>	a Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO	Jude Emma Scolnick	403 NW 68th AVE.
Add			Suite 511,
Remove			Plantation FI, 33317
2) Change	S	Lynn Smart	403 NW 68th AVE.
Add			Suite 511
X			Plantation FI, 33317
3 ) Change	Т	Susan Poon	403 NW 68th AVE.
X Add			Suite 511
Remove			Plantation FI, 33317
4) X Change	S	Bram Leland Scolnick	403 NW 68th AVE.
Add	<del></del>		Suite 511
Remove			Plantation FI, 33317
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
☐ There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	5-20-2014	
Signature		
have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Juo	le Emma Scolnick	
	(Typed or printed name of person signing)	
<u> </u>	<u></u>	
	(Title of person signing)	

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