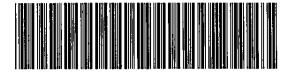
N12000001817

Office Use Only



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COVER LETTER

Division of Corporations Academic Solutions Academy, Inc. N12000001817 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Kinlock (Name of Contact Person) Academic Solutions Academy, Inc. (Firm/ Company) 4099 North Pine Island Rd. (Address) Sunrise, Florida 33351 (City/ State and Zip Code) akinlock@asacharterschools.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANREW Kinlock (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigs\text{\$\Bigs\text{43.75 Filing Fee & \$\Bigs\text{\$\Bigs\text{43.75 Filing Fee & }}\$ □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address**

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

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of



Academic Solutions Aca	demy, Inc.			
(Name of Corporation as current	y filed with the Flo	rida Dept. of State)		
N12000001817				
(Documen	t Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat		es, this <i>Florida Not For</i>	Profit Corporation adopts the	following
A. If amending name, enter the new na	me of the corporat	ion:		
				_The new
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated"	or the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		Academic Solu	tions Academy, Inc.	
		4099 North Pine Island Rd.		
		Sunrise, Florida 33351		
		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if application (Mailing address MAY BE A POST C				
D. If amending the registered agent and new registered agent and/or the new			nter the name of the	
	MEERA PA			
Name of New Registered Agent:	5011 NAUTICA LAKE			
	(Florida street address)			
New Registered Office Address:		11 1011uu sireet uuuressy		
	GREENAC	RES	, Florida 33463	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch	anging Pagistarad	Agenti		
I hereby accept the appointment as registe	ered agent. I am fa	miliar with and accept t	he obligations of the position.	
Ç	mostace	<i>1</i> .		
Sig	nature of New Regis	(). tered Agent, if 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 X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Ettle Dixon	9900 Surise St
Add			Surise, Florida 33322
X Remove			
2) Change	S	Jen Flohr	3016 Quantum Lake Dr.
X Add			Boynton Florida 33426
Remove			
3) Change	 		
Add			*
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 1-21-2015					
Effe	ective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)				
Ada	option 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 2-14-15				
	r 1. //				
	Signature (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)				
	Karla Martinez				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				