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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

earnina NAME OF CORPORATION: 12000005620 DOCUMENT NUMBER: 1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



May 14, 2015

JAMI SHERIE ADKERSON ADKERSON & ASSOC. INC 7053 WOODSIDE RD PENSACOLA, FL 32526

SUBJECT: PHOENIX LEARNING ACADEMY, INC.

Ref. Number: N12000005620

We have received your document for PHOENIX LEARNING ACADEMY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 815A00010156

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SKIY28 ANII: 113

Articles of Amendment to Articles of Incorporation

Ar	ticles of Incorporation	
	of	,
Threnix Lea	action Hope	demy Tix
(Name of Corporation as cu	/	ida Dept. of State)
111000000	1.05	
N 1200000		
(Document P	lumber of Corporation (if ki	iown)
Pursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Foo	r Profit Corporation adopts the following
a. If amending name, enter the new name of the corp	oration:	
		The nev
name must be distinguishable and contain the word "cor 'Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
		—
		2
		28
) If any adding the maintained and and for maintained) . 66:	enter the name of the
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		enter the name of the
and the state of t		ي .
Name of New Registered Agent:		
	(FI	orıda street address)
New Registered Office Address:		
		, Florida
,	(City)	(Zip Code)
	• ••	· •
New Registered Agent's Signature, if changing Regist	ered Agent:	Alexander and a second second
hereby accept the appointment as registered agent. I d	ım jamıttar witn ana accept	the obligations of the position.
	Signature of New Regist	ered 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	PT John Do V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Jami Sherie Adkerson	7053 Woodside Rd Pensacola FL 32524
Remove			
2) Change Add	_D_	Jessica Truett	1554 Pelican Point Dr Cantonment FL32533
Remove 3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional (attach additional sheets, if necessar	Articles, enter chary). (Be specific)	nge(s) here:		
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<u> </u>	· · · · · · · · · · · · · · · · · · ·			
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	e date of each amendment(s) adoption: 3/27/15	, if other than th
	e this document was signed.	
EH	cective date if applicable: (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neument's effective date on the Department of State's records.	ot be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
ΙĄ	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 3 97 15	
	Signature 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)	
	Jan; Sherie Ackerson (Typed or printed name of person signing)	
	(Typed of printed fiame of person signing)	
	(Title of person signing)	
	(Title of person signing)	