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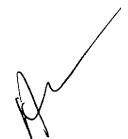


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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: _	CIRCK. of 17/2 Executional CENTER INC.
DOCUMENT NUMBER:	1120000 10760
'	ent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	(Name of Contact Person)
	(Name of Contact Person)
	(Firm/ Company)
O	2050 OLEUNDER BIVD 11-104 (Address) FORT PERCE FL 34950 (City/ State and Zip Code)
	(Address)
•	FORT PENCE, FL 34950
	(City/ State and Zip Code)
ma	OLE TO be ONUIL. COM address: (to be used for future annual report notification)
For further information concerning	
JARDALA G.	MOORE at 772-577-0877 of Contact Person) (Area Code) (Daytime Telephone Number)
(Name	of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
	3.75 Filing Fee & 2543.75 Filing Fee & Certificate of Status (Additional copy is enclosed) Certificate of Status
Mailing Address Amendment Sectorision of Corp P.O. Box 6327 Tallahassee, FL	ion Amendment Section orations Division of Corporations Clifton Building

Articles of Amendment

to
Articles of Incorporation

Likele y lie Educat	ional Center INC.
(Name of Corporation as current	tly filed with the Florida Dept. of State)
N120000	
	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	ion" 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 <u>MUST BE A STREET ADDRESS</u>)	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
1	
·	
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent	
New Registered Office Address:	(Florida street address)
·	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Si	gnature of New Registered Agent, if changing
Į P	Page Lof 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	<u>ナ</u>	Vivian Ruth Ebwards	1002 Ave L FORT PENCE, it 34958
Remove			
2) Add		VIVIAN RULL EDWARCK	1002 Ave L Fort Pierce, FL 34950
Remove 3)ChangeAdd	<u></u>	BEHY FARNES	1002 Ave L FORT PENCE, FL 34950
Remove			
4) Change Add Remove			
5) Change			
Add	;		
6) Change			
Remove]		

E. If amending or adding addition	onal Articles, enter change(s) here: essary). (Be specific)
(attach additional sheets, if nec	essary). (Be specific)
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated //	29/2017	
Signature	Danbanc & M	
have not b	frman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	BARBARA G. MODRE	
,	(Typed or printed name of person signing)	
	TRESIDENT	
1	(Title of person signing)	