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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

New Leaps Academy, Inc.  NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Debra Natale			
	(Name of Contact Per	son)	
New Leaps Academy, Inc.			
	(Firm/ Company)		
7401 Cashford Circle, Suite 102			
	(Address)		
Wesley Chapel, FL 33544			
	(City/ State and Zip Co	ode)	
deb.newleaps@gmail.com			
E-mail address: (to be	used for future annual repo	rt notification	1)
For further information concerning this matter, p	lease call:		
Debra Natale		813	973-7938
(Name of Contact P		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ide payable to the Florida De	epartment of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of St	ee & □\$43.75 Filing Fee & atus Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address  Amendment Section  Division of Corporations	Ame Divi	et Address endment Sect sion of Corpo	
P.O. Box 6327	Clift	on Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

New L.E. A.P.S. Academy Inc	
(Name of Corporation as currently filed with the Florida Dept. of State) N1300002284	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the foamendment(s) to its Articles of Incorporation:	llowing
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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)	<u> </u>
ASSE	AUB - 6
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:	PH 12:
Name of New Registered Agent:	32
(Florida street address) New Registered Office Address:	<del></del>
, Florida	
(City) (Zip Code)	
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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	V	Savino Natale	23401 Cashford Circle
Add			Suite 102
x Remove			Wesley Chapel, FL 33544
2) Change	TR	James Carner	23401 Cashford Circle
Add			Suite 102
X Remove			Wesley Chapel, FL 33544
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			<del>.</del>
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)		
(	(a.e. Keer Area)		
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The	The date of each amendment(s) adoption:	, if other than the
date	late this document was signed.	
Eff	Effective date if applicable:	
	(no more than 90 days after amendment file date)	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	date will not be listed as the
Ad	Adoption of Amendment(s) (CHECK ONE)	
<b>, 2</b>	The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	lment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
	Dated 7/20/18	
	Signature  (By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Defect Victor	President
	(Title of percencianing)	