## 11300000 5A2

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
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(Dc	ocument Number)	
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SECRETARY OF STAIL

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** JKP Learning Centers, Inc N13000005792 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rhonda Dunlap (Name of Contact Person) JKP Analysts, LLC (Firm/ Company) 4316 A Lake Underhill Rd (Address) Orlando, FL 32803 (City/ State and Zip Code) rhonda@jkpanalysts.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rhonda Dunlap (Name of Contact Person) 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 Certificate of Status Certified Copy

**Mailing Address** 

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

(Additional copy is

enclosed)

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

Certified Copy

Enclosed)

(Additional Copy is

## Articles of Amendment to Articles of Incorporation of

JKP	Learning	Centers,	Inc
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(Name of Corporation as currently filed w		
**************************************	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the	e corporation:	
na		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	d "corporation" or "incorporated" or the abbreviation "Corp <u>e</u> .	p." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	4316 A Lake Underhill R Orlando, FL 32803	- A 1500
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:	APR 10
Name of New Registered Agent: ha		PHII: 41
New Registered Office Address:	(Florida street address)	5 第
na	, Florida	
	(City) (Zip C	Tode)
	nt. I am familiar with and accept the obligations of the positi	on.
Signati	ure of New Registered 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 <math>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>Mil</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Ryan O'Donnell	210 N Bumby Ave
Add			Orlando, FL 32803
X Remove			-
2) Change	<u>V</u>	Jamar Johnson	210 N Bumby Ave
X Add			Orlando, FL 32803
Remove			
3) X Change	<u>V</u>	Anita Li	2800 E Anderson Ave
Add			Orlando, FL 32803
Remove			
4) X Change	V	Rhonda Dunlap	5173 CR 125
Add			Wildwood, FL 32803
Remove			
5) Change		na	
Add			
Remove			
6) Change		na	
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
na	
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	·
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Th dat	e date of each amendment(s) adoption: [11]  e this document was signed:	, if other than the
	fective date if applicable:	
	(no more than 90 days after amendment file date)	<del></del>
Ad	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes east 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 4/4/14	
	Signature Konda Lundas	
	(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)	
	Rhonda Dunlap	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	