N1300000 7430

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C. LEWIS

AUG 2 7 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	5	*	' ;	ů.	794 v
Tack Academ	ny, INC				
N13000007430					
DOCUMENT NUMBER:				<u>-</u>	
The enclosed Articles of Amendment and fee are s	submitted for	filing.			
Please return all correspondence concerning this m	atter to the fo	ollowing:			
James T. Smith					
	(Name o	f Contact Pe	erson)		
Meros Academy, LLC.					
	(Firr	n/ Company	·)		
1528 N Pearl St					
	((Address)			
Jacksonville, FL 32206					
	(City/ Sta	ate and Zip (Code)		
james@merosacademy.co	m				
E-mail address: (to be u	ised for futur	e annual rep	ort notific	cation)	
For further information concerning this matter, plea	ase call:				
James T. Smith		904	, 8	60-2326	
(Name of Contact Person)			a Code &	Daytime Te	elephone Number)
Enclosed is a check for the following amount made	e payable to t	he Florida D	Departmer	nt of State:	
\$35 Filing Fee \$43.75 Filing Fee Certificate of State	us Certific	ed Copy ional copy is	s (S52.50 Filing Certificate of Certified Cop Additional C Enclosed)	Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FILED of Tack Academy, INC 13 AUG 23 PM 1:51 (Name of Corporation as currently filed with the Florida Dept. of State) N13000007430 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Meros Academy, INC name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) 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: NA Name of New Registered Agent: NA (Florida street address) New Registered Office Address: NA

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.

(City)

Signature of New Registered Agent, if changing

Florida

(Zip Code)

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	<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) Change		NA	
Add			
Remove			
2) Change		NA	
Add			
Remove			
3) Change		NA	·
Add			
Remove			
4) Change		NA	
Add			
Remove			
5) Change		NA	
Add	# 		
Remove			
		NA	
6) Change		IVA	
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
NA	

The	e date of each amendment(s) adoption:,	, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
_	option of Amendment(s) (CHECK ONE) SECRETARY OF STATE TALL AHASSE FOR STATE The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) ORIDA	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) []R/DA 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 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) James T. Smith	
	(Typed or printed name of person signing) President	
	(Title of person signing)	