## N13000008569

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

ACCESS ACADEMY INC NAME OF CORPORATION:	
N13000008569  DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBIN JONES	
(Name of Contact Person)	
ACCESS ACADEMY INC	
(Firm/ Company)	
9351 TALWAY CIRCLE	
(Address)	
BOYNTON BEACH, FL 33472	
(City/ State and Zip Code)	
ROBINJONES561@YAHOO.COM	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please call:	
ROBIN JONES 561	797-8770
(Name of Contact Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of	State:
Certificate of Status Certified Copy Certificate of Status Certified Copy is Certificate of Status Certified Copy is Cer	0 Filing Fee ficate of Status fied Copy tional Copy is osed)

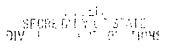
Mailing Address

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



ACCESS ACADEMY INC		16 APR -5 AH 7: 1
(Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)
ACCESS ACADEMY INC $N13000$	008569	
(Document N	umber of Corporation (if	(nown)
Pursuant to the provisions of section 617.1006, Florida Stumendment(s) to its Articles of Incorporation:	natutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the corp	oration:	
0/0		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporate	
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRE	ESS )	nla
		1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Α
If amending the registered agent and/or registered new registered agent and/or the new registered off		, enter the name of the
Name of New Registered Agent:	NA	
New Registered Office Address:	0	Florida street address)
		. Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agent. I a	m familiar with and accep	t the obligations of the position.
	Signature of New Regi	L/A stered 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		nla	
Remove		1	
2) Change	<del></del>	1/8	
Add		1	
3) Change			
Remove		1	
4) Change			
Add			
5) Change	<del></del>	$A$	
Add			
6) Change		- $n$	
Add		<b>,</b>	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any further federal tax code, or shall be				

The date of each amendment(s) adoption	3/31/2016 on:	OIV TO THE TOTAL TIMES
date this document was signed.  3/31/2016  Effective date if applicable:		16 APR -5 AM 7: 47
Note: If the date inserted in this block do document's effective date on the Department.	pes not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for th	e amendment(s)
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendmen	it(s) was/were
Dated  3/31/2016  Signature	Gares	
(By the chairman have not been sel	or vice chairman of the board, president or other officeted, by an incorporator — if in the hands of a receivanted fiduciary by that fiduciary)	
ROBIN JONE	es	
<del></del>	(Typed or printed name of person signing)	
MANAGER		
<del></del>	(Title of person signing)	<del></del>