

| (Requestor's Name) | _ |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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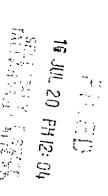
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JUL 2 8 2016 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | + Academy School, Inc |
|--|--|
| | |
| DOCUMENT NUMBER: N 140000 | 12087 |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Colette | Stibleh (Name of Contact Person) |
| | (Name of Contact Person) |
| Imp | act Academy (Firm/Company) |
| | (Firm/ Company) |
| 430 | (Address) Ave |
| | (Address) |
| Sa | Hner H 33584 |
| | (City/ State and Zip Code) |
| CVStabich 2 ms | I for future annual report notification) |
| E-mail.address: (to be used | for future annual report notification) |
| For further information concerning this matter, please | call: |
| Colete Stibich | at 813 7848202 (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida Department of State: |
| \$35 Filing Fee \$\text{ \$\text{Certificate of Status}}\$ | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) |
| Moiling Address | Street Address |

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

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

Articles of Amendment

to

04 %A

| Articl | 16 JUL 20 PH 12 | |
|---|---|--|
| | of Caclemy Schul, In ently filed with the Florida Dept. | SLOGITA- IC TALLAR STATE (1) of State) |
| , | 1400000 2087 | |
| (Document Num | nber of Corporation (if known) | |
| Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation: | ites, this Florida Not For Profit Co | prporation adopts the following |
| A. If amending name, enter the new name of the corpora | ntion: | |
| | 1) JA | The new |
| name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name. | cation" or "incorporated" or the al | bbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | <u>.</u> | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office | | name of the |
| Name of New Registered Agent: | J/A | |
| | N/A | |
| New Registered Office Address: | (Florida street a | ddress) |
| | ALG | . Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f | d Agent: familiar with and accept the obligat | tions of the position. |
| | NIA | |
| | Signature of New Registered Agent | t, 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 Doe V Mike Jones SV Sally Smith | |
|----------------------------------|---|---|
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | S Yvonne First | 1518 Long Pood Dr Valsico FL 3359y |
| 2) Change Add Remove | T Daniel Belton | 1423 New British Dr Beardon FL 33511 |
| 3) ChangeX Add Remove | T Terry Doyle | 511 Marina Ct Smith ville, MO 64089 |
| 4) | PI Tregourer Colette Stibich (PIT) | apollo Beach Fl 3357 |
| 5) Change Add Remove | V/Sec. Kouthy Gross (V15) | Brandal, FL 33510 |
| 6) Change Add Remove | | |

| 1) | JA | | |
|------|-----------|------|------|
| | <i>J.</i> | | |
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| | e date of each amendment(s) adoption: May 4th ZOILe,, if other than the this document was signed. |
|------|--|
| Effe | ective date if applicable: (no more than 90 days after amendment file date) |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records. |
| Ada | option of Amendment(s) (CHECK ONE) |
| ₽ | The amendment(s) was/were adopted by the members and the number of votes cast 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 May 4th, 2011e |
| | 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) |
| | (Typed or printed name of person signing) |
| | President (Title of person signing) |