

N140000004774

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

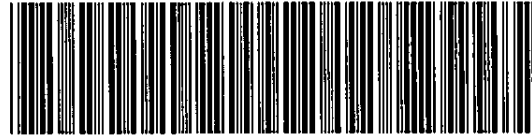
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Amend  
@ 12/23/14



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** New Adventures Learning Center, Inc.

**DOCUMENT NUMBER:** N14000004774

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Q. Adams, II

(Name of Contact Person)

Adams & Company, P.A.

(Firm/ Company)

910 SW 1st Avenue, Suite 201

(Address)

Ocala, FL 34471

(City/ State and Zip Code)

john@adamscompanypa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Adams

(Name of Contact Person)

at ( 352 ) 237-3200

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**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

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New Adventures Learning Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000004774

(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:

*The new 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.*

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)

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:

Name of New Registered Agent:

Deszerae Glover

1732 NW 2nd Avenue

(Florida street address)

New Registered Office Address:

Ocala

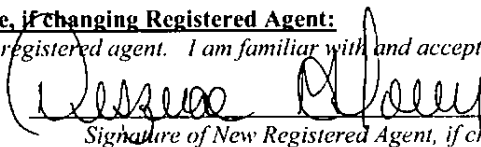
(City)

Florida 34475

(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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

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<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Keith T. Evans</u>	<u>68 Juniper Trail</u> <u>Ocala, FL 34480</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>James I. Evans</u>	<u>1732 NW 2nd Ave.</u> <u>Ocala, FL 34475</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Jackie D. Davis</u>	<u>2321 SW 6th Avenue</u> <u>Ocala, FL 34471</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Timmy Newson</u>	<u>3390 SW 150th Lane Road</u> <u>Ocala, FL 34473</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Denise A. Girton</u>	<u>1732 NW 2nd Avenue</u> <u>Ocala, FL 34475</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Deszerae Glover</u>	<u>27 Water Trak</u> <u>Ocala, FL 34472</u>
7) <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Carmen Santiago</u>	<u>48 Cedar Tree Drive, Ocala, FL 34472</u>



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**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

**Replace - ARTICLE III - The specific purpose for which this  
corporation is organized is:**

THE GENERAL PURPOSE OF THIS CORPORATION SHALL BE TO PROVIDE HIGH QUALITY CHILD  
CARE AND ARE HEREBY LIMITED IN SUCH A MANNER AS WILL QUALIFY IT AS AN  
EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE  
CODE. SAID CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE,  
RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES UNDER SECTION  
501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION  
OF ANY FUTURE FEDERAL TAX CODE.

**Add - ARTICLE VIII - Dissolution:**

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 FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE  
FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR  
A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED  
OF BY A COURT OF COMPETENT JURISDICTION IN THE COUNTY IN WHICH  
THE PRINCIPAL OFFICE IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES  
OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL  
DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR  
SUCH PURPOSES.



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: November 12, 2014  
(no more than 90 days after amendment file date)

Adoption 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 8-12-14  
Signature Deszarae Glover  
(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)

Deszarae Glover  
(Typed or printed name of person signing)  
President  
(Title of person signing)

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