NH000009826

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ACE TO FACE VIR	TUAL ACADEMY IN	IC		
	0009826				
The enclosed Articles of Amendme		tted for filing.			
Please return all correspondence co	ncerning this matter	to the following:			
CAROLINA EDJOR					
	[]	Name of Contact Perso	n)		
FACE TO FACE VIRTUAL ACA	DEMY INC				
	<u></u>	(Firm/ Company)			
7113 WHITTIER ST					
		(Address)			
TAMPA FL. 33617					
	((City/ State and Zip Cod	e)	- 10 - 10	-
E-mail a	ddress: (to be used for	or future annual report	notification)	
For further information concerning	this matter, please ca	ıll:			
CAROLINA EDJOR			3-493-2712		
(Name	of Contact Person)			(Daytime Teleph	one Number)
Enclosed is a check for the following	ig amount made paya	able to the Florida Depa	artment of S	tate:	
	3.75 Filing Fee & Ertificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Stroot	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 Articles of Incorporation of

	of		
FACE TO FACE VIRTUAL ACADEMY INC.			
(Name of Corporation	n as currently filed with the Florida Dept. of State)		
N14000009826			
(Docu	ment Number of Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation ad	opts the follow	vin
A. If amending name, enter the new name of th	e corporation:		
		The n	nor
	d "corporation" or "incorporated" or the abbreviation "		
"Company" or "Co." may not be used in the nam	<u>1e</u> .		
B. Enter new principal office address, if applica		 	
(Principal office address <u>MUST BE A STREET</u> A	<u>1DDRESS</u>)		
•			1 5 7
		ئے۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOV:		ć
(Muning unifers MAT BE A FOST OF FICE	BUX)	507	ì
D. If amending the registered agent and/or regis	istered office address in Florida, enter the name of the	bă	
new registered agent and/or the new register		7 7 7	ΰ
Name of New Registered Agem:	JOSE S RAMOS		
	2344 CRESTOVER LANE		
W B 1 1000 111	(Florida street address)		_
New Registered Office Address		33644	
	, Florida _	33544	
	(City) (Zip Ce	ode)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		sition.	
_			
	Signature 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>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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
ARTICLE IX-DISSOLUTION OF THE CORPORATION				
DISSOLUTION PROVISION: UPON THE DISSOLUTIONOF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUT				
FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF THE SECTION 501(C) (3) OF THE INTERNA				
REVENUE CODE OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE				
DISTRIBUTED TO THE FEDERAL GOVERMENT, OR TO A SATE OR LOCAL GOVERMENT, FOR A PUBLIC				
PURPOSE.				

	date of each amend this document was si		, if other than the
Essa	ective date <u>if applica</u>		
		(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted ument's effective date	in this block does not meet the applicable statutory filing requirements, this date will ton the Department of State's records.	not be listed as the
Ada	ption of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient to	vas/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no membe adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated _	MAY 18,2016	
	Signature _		
	h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
		CAROLINA EDJOR	
		(Typed or printed name of person signing)	
		PRESIDENT & DIRECTOR	
		(Title of person signing)	