N15000007627

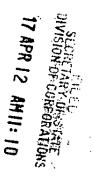
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Ormand Beach Preparatory School, 1
DOCUMENT NUMBER: N 5000007627
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRISTIAN DICKINSON (Name of Contact Person)
Learning Engineered, Inc.
(Firm/Company) 1060A West Granada Blvd 3
Ormand Beach, FL 32174 (City/ State and Zip Code)
Christian dickinsono amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christian Dickinson 321-689-8602
(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:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

	Articles of Incorp	poration		
Own one (Name of Corporation a	d Beach	Prepare	atory School	hool, Inc.
			or suite)	
	50000 ent Number of Corp			
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the company in a	corporation: Corporation: Corporation or the corp	rida Not For Profit Co	سو مد به	ollowing DIVISION OF SHATE ARE THE THE PROPERTY AND LONG CORPORATIONS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>) <u>N</u> A			
D. If amending the registered agent and/or register		in Florida, enter the	name of the	
new registered agent and/or the new registered Name of New Registered Agent:	d office address:			
- <u>New Registered Office Address</u> ;	NA	(Florida street d	iddress)	
-	, (C:h.)	_	, Florida	
New Registered Agent's Signature, if changing Real Interest is a security I hereby accept the appointment as registered agent.	I am familiar with			
	Signature o	f New Registered Agen	t, if changing	

NIA

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 office idirector 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 Add Remove				_ _
2) Change				<u>-</u>
Remove 3) Change Add				<u>-</u>
Remove				_
4) Change Add Remove				_
5) Change Add				_
Remove 6) Change				_
Add				_

MA

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

The date of each amendment(s) ad date this document was signed.	option: APRIL 5	, if other than the
Effective date <u>if applicable</u> :	MA	
	(no more than 90 days after amendment file day	te)
Note: If the date inserted in this blodocument's effective date on the Dep	k does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for.	or the amendment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amenders.	ment(s) was/were
Dated 4	5.17 / / / / / / / / / / / / / / / / / / /	•
Signature	my full	
have not bee	nan or vice chairman of the board, president or other n selected, by an incorporator – if in the hands of a re ppointed fiduciary by that fiduciary)	
	CHRISTIAN DICKINS	ύ <i>Ν</i>
	(Typed or printed name of person signi	ing)
	PRESIDENT	
	(Title of person signing)	