Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CADE INNOVATION LEARNING CENTER, INC.

Certificate of Status	0
Certified Copy	1
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1/20/2016 11:07:57 AM From: To: 8506176380(2/6)

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COVER LETTER

TO: Amendment Section Division of Corporations

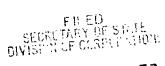
NAME OF CORPORATION:	VATION LEARNING CENTER, INC.
N16000000309	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Deborah M. Beers, Esq.	
	(Name of Contact Person)
Buchanan Ingersoll & Rooney PC	
	(Firm/ Company)
1700 K Street NW, Suite 300	
	(Address)
Washington, DC 20006	
	(City/ State and Zip Code)
pmites@cademuseum.org	
E-mail address: (to	ne used for future annual report notification)
For further information concerning this matter,	please call:
Deborah M. Beers	202 452-7919
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of S	Fee & =\$43.75 Filing Fee &
Mailing Address Amendment Section	Street Address Amendment Section

Maung 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

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Articles of Amendment to Articles of Incorporation of



16 JAN 20 AM 9: 57

CADE INNOVATION LEARNING CENTER, IN	1C.		
(Name of Corporation	as curren	tly filed with the I	lorida Dept. of State)
N16000000309			
(Docum	nent Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
CADE CREATIVITY LABS, INC.			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorpore	
B. Enter new principal office address, if applica	ble:	N/A	
Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	DAY)	N/A	
(Matting attiress MAT BE A FOST OF FICE I	OUA)		
		3 9	3
 If amending the registered agent and/or registered agent and/or the new registered. 			da, enter the name of the
	N/A		
Name of New Registered Agent:		<u>,</u>	
			(Florida street address)
New Registered Office Address:			(Piorus Siece address)
	N/A		Clarida
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	egistered .	Agent:	ent the obligations of the position
пстену ассерь не арронитель аз тедыства адень	. rumjan	mar wiii ana acti	prine vongunora of vic position.
_	Sie	enature of New Res	gistered 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: X Change X Remove X Add	PT V SV	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change			
Add			
Remove			
2) N/A Change			p-36.70
Add			
Remove			
3) N/A Change			
Add			
Remove			
4) N/A Change			
Add			
Rеточе			
5) N/A Change			
Add			
Remove			
Kemove			
6) N/A Change			
Add			
Remove			

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

	•			

The date of each amendment(s) adoption: _ if other than the date this document was signed. 16 JAN 20 AM 9: 57 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes east 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 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) PHOEBE CADE MILES (Typed or printed name of person signing) President (Title of person signing)

8506176380(6/6)

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