## N16000011528

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Elle/s	Academy of Art and Technolog	SN
DOCUMENT NUMBER: N 1 6 00 00	11528	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Kimberly I and	)(	
	(City/ State and Zip Code)  (Area Code)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  (State:  (Name of Contact Person)  (Area Code)  (Area Code)  (Daytime Telephone Number)  (Additional Copy (additional Copy (additional Copy is enclosed))  (Additional Copy is Enclosed)  (Mailing Address)  (Mailing Address)	
	(Firm/ Company)	
6311RAVINAIA D	r_ OR	
	(Address)	
DRIAN		
Kimberly Wi E-mail address: (10 t	oe used for future annual report notification)	
	at	
·		r)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:	
	Status Certified Copy Certificate of Status (Additional copy is checked) Certified Copy (Additional Copy is	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

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

(Name of Corporation as current	Ly filed with the Florida Dept. of State)	<u> C</u> O17
N160000	11528	
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of the corporation of the corp	Incorporated or the abbreviation "Corp." or	
B. Enter new principal office address, if applicable:	6869 W. Colonial Dei	<u>re</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	DR WANDD, F1 32818	<u> </u>
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 new registered agent and/or the new registered office ad  Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida(City) (Zip Code)	<del></del>
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent:	2017 M
Sig	gnature of New Registered Agent, if changing	MATTER TO CO
P	age I 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 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>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>Sec</u>	Christa Lain	ORIANDO FI 32809
Remove			
2) Change Add	<u>Sec</u>	Krista Jex	APOPKA, FI 32712
Remove 3 ) Change			
Add			
4) Change	<del></del>		
Remove			
5) Change			
Add			
6) Change			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
The Speake Purpose for which this company	atus
15 organized 1st.	-
Scholar's Prep Incure cated is organized ex	Chusivel
For charitable and educational purposes,	٠ ـ
For charitable and educational phisposes, Qualify as exempt organizations under Section 501 (C) (3) of the internal revenue	Code.

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del> -
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date vepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendments val.	(s)
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated 3 4	2017	
Signature	B2	
have not b	irman of vice chairman of the board, president or other officer-if director een relected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
	(Typed originated name of person signing)	-
	President Director (Title of person signing)	-