n/60000137

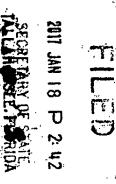
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7. **LEMIEUX**

XX.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	ENLIGHTENED SCH N:	HOOL SERVICES	CORPORATIO	И
DOCUMENT NUMBER: _	V16000012137			
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
Jared Stark				
	(Name of Contact Pe	erson)	
Stark Business Law PLLC				
		(Firm/ Company	')	
980 N. Federal Highway Suit	e 110			
		(Address)	····	
Boca Raton, FL 33432				
	(1	City/ State and Zip	Code)	
stuartecp@gmail.com				
E-i	nail address: (to be used f	or future annual rep	ort notification)
For further information conce	rning this matter, please ca	all:		
Jared Stark		at	888	421-0589
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

CALL	IGHTENED SCHOOL	CERVICEC	CORRORATION	r
ENL	.IGH LENEU SCHUUL	SERVICES	CURPURATION	ı

(Name of Corporation	as currently filed with the Fl	prida Dept. of State)
N16000012137		
(Docum	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word <u>"Company" or "Co." may not be used in the</u> name		ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	ble:	
(Principal office address <u>MUST BE A STREET A</u> l		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	BOX)	
		21
	 	
D. If amending the registered agent and/or regist	tered office address in Florida	a, enter the name of the
new registered agent and/or the new registere	d office address:	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:	"	
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing R.	egistered Agent-	
hereby accept the appointment as registered agent.	. I am familiar with and accep	nt the obligations of the position.
_	Signature of New Regi	stered Agent, if changing

Page 1 of 4

TILED ON 18 P 2 42

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kirby Jackson, Jr.	4839 SE Ebbtide Ave
Add			Stuart, FL 34997
X Remove			
2) Change	D	Kirby Jackson, Sr.	4839 SE Ebbtide Ave
X Add			Stuart, FL 34997
Remove			
3) Change			
Add			
Remove			**************************************
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
			
6) Change			·····
Add			
Remove			

Page 2 of 4

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
oate uns document was signed.		
Effective date if applicable:	(1)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes east for the amendment(s) ral,	
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated		
Signature <u>Kula</u>	ua Jakson	
have not be	irman or Vice chairman of the board, president or other officer-if directors sen selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Kieara J	Jackson	
	(Typed or printed name of person signing)	
Presider	nt . ,	
	(Title of person signing)	