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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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And

R. WANTE WOW 14200 SECRETARY OF STATE

NOV -9 AM 11 - 2

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION           | UNITY LEARNING ON:                          | ACADEMY, INC  |                      |  |
|-------------------------------|---|---|----------------------|--|
| DOCUMENT NUMBER:              | N17000006177                                |   |                      |  |
| The enclosed Articles of An   | nendment and fee are subm                   | nitted for filing.  |                      |  |
| Please return all corresponde | ence concerning this matter                 | r to the following:   |                      |  |
| Shaban Malik                  |   |   |                      |  |
|                               | 1   | (Name of Contact Pe   | erson)               |  |
| UNITY LEARNING ACAI           | DEMY, INC                                   |   |                      |  |
|                               |   | (Firm/ Company  | ·)                   |  |
| 1641 NW 15 STREET             |   |   |                      |  |
|                               |   | (Address)   |                      | ···-   |
| POMPANO BEACH, FL 3           | 3069  |   |                      |  |
|                               |   | (City/ State and Zip (  | Code)                |  |
| shaban@shabanmalikcpa.co      | om  |   |                      |  |
| E                             | -mail address: (to be used                  | for future annual rep   | ort notification     | )  |
| For further information conc  | erning this matter, please of               | call:   |                      |  |
| Shaban Malik                  |   | at  | 954                  | 778-7614   |
|                               | (Name of Contact Person)                    |   | (Area Code)          | (Daytime Telephone Number)   |
| Enclosed is a check for the f | ollowing amount made pay                    | yable to the Florida I  | Department of S      | State:   |
| ■ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy in<br>enclosed) | Certifi<br>s Certifi | O Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>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

FILED 17 NOV -9 AM II: 24

UNITY LEARNING ACADEMY, INC SECRETARY OF STATE (Name of Corporation as currently filed with the Florida DeptFot State) ASSI & FUNCTIONAL N17000006177 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

| • | 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. |                                    |                                       |   |          |   |  |  |
|---|--|------------------------------------|---------------------------------------|---|----------|---|--|--|
|   |  | leaves the co                      | rporation, S                          | ally Smith is named the $V$ and $S$ . $T$ |          | T and Mike Jones is listed as the V. There is<br>ould be noted as John Doe, PT as a Change, |  |  |
|   | Example:  X Change X Remove X Add  | <u>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |   |          |   |  |  |
|   | Type of Action<br>(Check One)  | Title                              | <u>N</u> a                            | ame                                       |          | Address   |  |  |
|   | 1) Change  | VP                                 | 0                                     | SAMA ELSHAMI                              |          | 5797 NW 49TH LANE   |  |  |
|   | Add  |                                    |                                       |   | _        | COCONUT CREEK, FL 33073   |  |  |
|   | X Remove   |                                    |                                       |   |          |   |  |  |
|   | 2) Change  | VP                                 | J.                                    | AMAL HISHAM MUSTAFA                       |          | 13449 NW 6TH DR   |  |  |
|   | X Add  |                                    |                                       |   | _        | PLANTATION, FL 33325  |  |  |
|   | Remove   |                                    |                                       |   |          |   |  |  |
|   | 3) Change  |                                    |                                       |   | <u> </u> |   |  |  |
|   | Add  |                                    |                                       |   |          |   |  |  |
|   | Remove   |                                    |                                       |   |          |   |  |  |
|   | 4) Change  |                                    | _                                     |   |          |   |  |  |
|   | Add  |                                    |                                       |   |          |   |  |  |
|   | Remove   |                                    |                                       |   |          |   |  |  |
|   | 5) Change  |                                    |                                       |   |          |   |  |  |
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|   | 6) Change  |                                    |                                       |   |          |   |  |  |
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| •    |  | 10/27/2017   |                      |
|------|--|--|----------------------|
|      | date of each amendment this document was signed      |  | _, if other than the |
| Effe | ective date <u>if applicable</u> :                   | 10/27/2017   |                      |
|      |  | (no more than 90 days after amendment file date)   |                      |
|      |  | is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.  | be listed as the     |
| Ado  | ption of Amendment(s)                                | (CHECK ONE)  |                      |
| =    | The amendment(s) was/w<br>was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) proval.   |                      |
|      | There are no members or adopted by the board of o    | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.   |                      |
|      | Dated 10/27  | /2017  |                      |
|      | Signature  | Wel BIMBLE   | _                    |
|      | have r   | chayman of vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |                      |
|      | YC   | DUSEF A ISMAIL   |                      |
|      |  | (Typed or printed name of person signing)  |                      |
|      | PR   | ESIDENT  |                      |
|      | <del></del>  | (Title of person signing)  |                      |