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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations pecial Kids Academy DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LISA M. BAXTER abaxter 29100 amail. Com ddress: (to be used for future annual report notification) For further information concerning this matter, please call: M. (SAX+ER at 727 - 204 - 4545 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

 Articl	es of Amendment	ALL SE
Article	to s of Incorporation	
	of	
Special Kids Acade	emy, Inc.	۷. ۲
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N 1 700000	06597	<u></u>
(Document Numb	per of Corporation (if known)	9
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpora	ation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
BAXTER Academy	The.	The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	ition" or "incorporated" or the abbrevi	ation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	.)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LISA M. BAX	CHER
	HILE WORLEV 1	VAV
	PERRY, FL. 3	2347
D. If amending the registered agent and/or registered off		of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
N== P = ==== 100° = 111	(Florida street address	
New Registered Office Address:		
·		Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	1 Agent:	
I hereby accept the appointment as registered agent. I am fo	umiliar 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.

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 John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets. if necessary).	icles, enter change(s) here: (Be specific)	
	<u>.</u> .		
	<u> </u>		
	H 600		

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The date of each amendment(s) adoption:, if other than t date this document was signed.	he
LO O - O - I	
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 cast for the amendment(s) was/were sufficient for approval.	

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2	_	
	X I	
	2	
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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature

Lisa M. Batter

(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)

LISA M. BAX+ER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)