# n1700012588

(Re	questor's Name)	<del></del>
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### **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Dreamers Technical Academ				
DOCUMENT NUMBER: N 17000012588				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Steven Pollemus				
(Name of Contact Person)				
(Firm/ Company)				
PO BOX 2188				
(Address)				
Labelle, FZ 33975				
(City/ State and Zip Code)				
Here a folkenus aw. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
QL . DII				
(Name of Contact Person) at 003 - 675 - 608 7 (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy is Enclosed)  Certified Copy is Enclosed)				

### 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

Dreameers Too	In ital	Acad	Lemy I	AC.
(Name of Corporation as	currently filed with	the Florida Dept. of	State)	
N170006	17858	38	1	
(Documer	nt Number of Corpora	tion (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florid</i>	a Not For Profit Corp	poration adopts the fo	llowing
A. If amending name, enter the new name of the co	orporation:			
				he new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name.	corporation" or "inco	orporated" or the abbi	reviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				<del></del>
				<del></del>
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	************		<del> </del>	<del></del>
	<u></u>		<del></del>	<del></del>
D. If amending the registered agent and/or register	red office address in	Florida, enter the na	me of the	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
—		(Florida street add	ress)	
New Registered Office Address:				
_	····		, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg			<b>2014</b>	
I hereby accept the appointment as registered agent.	I am familiar with an	d accept the obligatio	ns of the position	
			NA NA	$\neg$
	G: CN		123	(Parties
	Signature of Ne	w Registered Agent, i	f changing b	Santane j
			T T	į į į
	Page 1 of 4		55. 25	الرسا

## 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)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change		· · · · · · · · · · · · · · · · · · ·			
Add					
Remove					
3) Change				<del></del>	
	<u> </u>	<del></del>			
Add					
Remove					
4) Change		· · · · · · · · · · · · · · · · · · ·	**************************************		
Add					
Remove					
5) Change					
		<del></del>			
Add					
Remove					
6) Change					
Add					
Remove					

(attach additional sheets, if necessary). (Be specific)
Article III
TO OPERATE CHAPTER
SGHOOL(S) FOR STUDENTS
RESIDING WITHIN THE STATE
OF FLORIDA, QUALIFIED AS AN
EXSMPT OR GANIZATION WITHIN
SECTION 501 (c)(3) OF THE
INTERNAL REVENUE LODE.

	e date of each amendment(s) adoption:	, if other than the
Effe	ective date if applicable: Amil 20, 2018	
	(no more than 90 days after amendment file date)  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bument's effective date on the Department of State's records.	e listed as the
Ado	option 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.	
	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 435/18	
	Signature	
	(By the chairman of 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)	•
	(Typed or printed name of person signing)	
	VP Revitored Acceptation (Title of person signing)	