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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BROOKE HOUSE ACADEMY INC.
DOCUMENT NUMBER: N 2 1 0 0 0 0 0 1 3 8 5
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAWRIE DUDFIELD
(Name of Contact Person)
BROOKE HONSE A CADEMY INC. (Firm/Company)
(Firm/ Company)
260, 1ST AVE S, SUITE 200-154,
(Address)
SMINT PETERSBURG, FL. 33701 (City/State and Zip Code)
(City/ State and Zip Code)
INFO@BROOKEHOUSEACADEMY. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAWRIE DUDFIELD at 321 402 3712
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BROOKE HOUSE ACADE	EMY INC.
Name of Corporation as currently filed with the Fl	
	N2100000 1375
(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	e:
(Principal office address <u>MUST BE A STREET ADD</u>	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	
	SAENT PETERSBURG, FL.
	33701
	36701
	red office address in Florida, enter the name of the
new registered agent and/or the new registered of	office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
New Negisierea Office Address.	
	Florida 🔗 -
	(City) (Zip Code) 7 - 7 - 7
New Registered Agent's Signature, if changing Reg	gistered Agent:
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
	SIGNAUITE OI INEW KEGISTETEA AGENT. II CNANGING

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and address of each Ob Attach additional sheet Please note the officer of P. Provident V. Vice	fficer and/ s, if necess hrector titl President, Chief F	or Director being added ary) e by the first letter of the G T - Freasurer; S - Secret manetal Officer - If an off	
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	rives the co	rportation, Sally Smath is	y John Poe is listed as the PST and Mike Jones is listed as the V . There named the V and S . These should be noted as John Poe, PT as a Change
Example XChange 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>	Address

Type of Action (Check One)	<u>Tide</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		• .	
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here. (Be specific)	
assolution Clause			
UPON THE I	DISSOLUTIO	N OF THE ORGANIZ	ATION, ASSETS SHALL
			EMPT PURPOSES

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SIMILE
BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES
WITHIN THE MEVANING OF SECTION 501 (C) (3) OF THE
INTERNAL PEVENUE (ODE, OR CORRESPONDING SECTION

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The da	te of each ame s document was	ndment(s) s signed.	adoption	÷							if other than the
Effecti	ve date <u>if appli</u>	cable:									
			(1	no more th	an 90 days	after amena	lment file d	ate)			
Note: docume	If the date insert ent's effective d	ted in this b ate on the D	lock does Departmer	not meet nt of State	the applicab s records.	le statutory	filing requ	irements,	this date	will not be	listed as the
Adopti	on of Amendm	ent(s)		(CHECK	ONE)						
Th wa	ie amendment(s is/were sufficier) was/were nt for appro	adopted b	y the men	nbers and th	e number o	f votes cast	for the a	mendmen	nt(s)	

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 10/9/21
Signature (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)
LAWRIE DUDRELD
(Typed or printed name of person signing)
CHATRMAN
(Title of person signing)

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