# N2300000955

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| J. HORNE<br>JUN - 3 2023                |  |  |  |
|   |  |  |  |

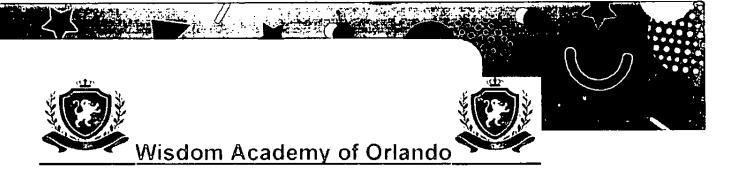
Office Use Only



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1733 Mercy Drive Orlando Florida32808. •



(321)217-0735 📞



wisdomacademy.orlando@gmail.com 🖂





03/08/2023

To whom it concerns: SunBiz Dept. DOC #23000000955 Email address: corphelp@dos.myflorida.com

# Dear To, whom it may concerns:

I am writing this email to request that my EIN number (92-1590918) is added to my business, Wisdom Academy of Orlando INC. My address to my school/ business is 2620 Castle Oak Avenue Orlando Florida 32808. I also have a PO box address (PO Box 608851 Orlando Florida 32860). I have a request this to be done online over a month ago. Please feel free to call /email me if you have any questions or concerns. Thank you.

Sincerely,

Tashira Glover

3/0/2023

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Wisdom Acad   | emy of Orlando Inc  |  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT NUMBER: N23000009   | ,   |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.         |   |  |  |  |  |
| Please return all correspondence concerning this matter to the following     | ng:   |  |  |  |  |
| (Name of Conta   | Glover  |  |  |  |  |
| (Firm/ Con   | npany)  |  |  |  |  |
| Po Box 608851, Orlando, FL 32860   |   |  |  |  |  |
| 2620 Castle Oak A  | Je, Orlando, FL 32808                                     |  |  |  |  |
| E-mail address: (to be used for future annu                                  | and Camail. Com   |  |  |  |  |
| For further information concerning this matter, please call:                 |   |  |  |  |  |
| (Name of Contact Person)   | at (321) 217-0735  (Area Code) (Daytime Telephone Number) |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Flo         |   |  |  |  |  |
| S43.75 Filing Fee & S43.75 Filing Fee & Certified Cop (Additional cenclosed) | py Certificate of Status                                  |  |  |  |  |
| Mailing Address  | Street Address Amendment Section                          |  |  |  |  |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

### Articles of Amendment

to

## Articles of Incorporation

| •••   | of                                       |   |
|---|--|---|
| Miscom Acodemic (Name of Corporation as currently filed with the Flori  | of Orlo                                  | indo Inc                                    |
| E 10.2000 c = -   | carrent of state                         |   |
| NXXXXX  | 122                                      |   |
| (Document N   | umber of Co <del>rp</del> oration (if    | known)                                      |
| Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:        | atutes, this Florida Not I               | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp   | oration:                                 | The new                                     |
| name must be distinguishable and contain the word "corp" Company" or "Co." may not be used in the name.         | poration" or "incorporat                 | ed" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>   | ESS)                                     | <u> </u>                                    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                         |  |   |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off        |  | a, enter the name of the                    |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  | Florida street address)                     |
|   |  | , Florida                                   |
|   | (City)                                   | (Zip Code)                                  |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as | ered Agent:<br>m familiar with and accep | ot the obligations of the position.         |
|   | Signature of New Regi                    | stered 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                  | <u>PT</u><br><u>Y</u><br><u>SV</u> | John Do<br>Mike Jo<br>Sally Si | <u>ones</u>                                   |                   |
|--|------------------------------------|--------------------------------|---|-------------------|
| Type of Action<br>(Check One)                      | <u>Title</u>                       |                                | Name  | <u>Addres</u> s   |
| 1) Change Add Remove                               |                                    | _                              | Taleasha Washin                               | Orlando, FL 32815 |
| 2) Change Add                                      |                                    | _                              |   |                   |
| Remove  3 ) Remove  Add Remove                     |                                    |                                |   |                   |
| 4) Change Add                                      |                                    | _                              |   |                   |
| Remove  5) Change Add                              |                                    | _                              |   |                   |
| Remove 6) Change Add                               |                                    | _                              | <del></del>                                   |                   |
| Remove   |                                    |                                |   |                   |
| E. If amending or addin<br>(attach additional shee |                                    |                                | icles, enter change(s) here:<br>(Be specific) |                   |
|  |                                    |                                |   |                   |
|  |                                    |                                |   |                   |
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| The date of each amendment(s) adoption:  | other than the |
| date this document was signed.   |                |
| Effective date if applicable: 03/07/2023   |                |
| The date of each amendment(s) adoption:  |                |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. | ted as the     |
| 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.   |                |

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

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)

(Typed or printed name of person signing)