N980000027/3

(Re	equestor's Name)
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	ime)
(Do	ocument Number	7
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
	Office Use O	unly.



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SECRETARY OF STATE
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDIAL	NS FOR SCH	OOL CHOICE, INC
DOCUMENT NUMBER: N98000002	713	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Audley Porter		
	(Name of Contact Person)
BAS Partners		
	(Firm/ Company)	
17446 SW 29 Court		
	(Address)	
Miramar, FL 33029		
	(City/ State and Zip Code	·)
aporter@baspartr		
E-mail address: (to be used	for future annual report r	iotification)
For further information concerning this matter, please	call:	
Audley Porter	_{a(} 954	288-8450 de & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 13 FEB 28 AMII: 01 SEURETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDIANS FOR SCHOOL CHOICE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Nat For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Black Floridians Care, Inc.		ion" or "incurporated" of	the abbr	The ne
"Company" or "Co." may not be used in		ion ar arcorpordica or	me upon	corp. of me.
B. Enter new principal office address, it	annticable:	8500 NW 25 A	/enue	
(Principal office address MUST BE A ST		Miami, FL 3314	17	
C. Enter new malling address, if applic		8500 NW 25 A	venue	
(Muning numers ONLODA TOOL O	TTTED AGA	Miami, FL 3314	7	
D. If amending the registered agent and new registered agent and/or the new	Vor registered office or registered office of the T. Willard F.	ddress:	er the nar	ne of the
Name of New Registered Agent:				-
	8500 NW 2	5 Avenue		
New Registered Office Address:		(Florida street address)		
	Miami		Florida	33147
	(City)		(Zip C	
New Registered Agent's Signature, if ch	anging Registered	Agent:		
I hereby accept the appointment as registe	redugent lam fai	niliar with applaccept the	obligatior	is of the position.

Page I of 4

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	Dr. Castell Bryant	8500 NW 25 Avenue Miami, FL 33147
Remove 2) Change X Add	<u>D</u>	Mr. Daryll Sharpton	8500 NW 25 Avenue Miami, FL 33147
Remove 3) X Change Add	D	Dr. Marthenia Dupree	8500 NW 25 Avenue Miami, FL 33147
Remove 4) Change Add Remove			
5) Change	A		
Remove 6) Change Add Remove			

If amending or adding additional A (attach additional sheets, if necessary)	rticles, enter ch . (Be specific)	ange(s) here:		
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The	The date of each amendment(s) adoption: 1/1/2013				
em	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)				
Ada	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 1/8/2013 Signature 1/0, 1/100				
	(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)				
	T. Willard Fair				
	(Typed or printed name of person signing)				
	Chairman				
	(Title of person signing)				