

N98000

004

278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

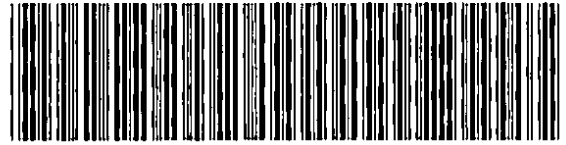
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/27/19--01003--025 \*\*112.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESSES  
AUG 28 PM 12:10  
ALBANY, NY 12242

*Amend/name change*

(08/27/19)

DOCUMENT



Separating a troubled past  
from a bright future

OUR VALUES

Kids First | Integrity | Safety | Honesty | Diversity | Enthusiasm | Leadership  
Respect | Excellence | Loyalty | Family | Dedication | Creativity | Goal Orientation

August 6, 2019

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

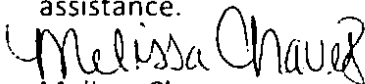
**Re: Cancellation of Fictitious Name for AMIKids Duval (Registration # G19000078860)  
and Articles of Amendment to Articles of Incorporation for Name Change of  
AMIKIDS INFINITY SCHOOLS, INC. (Document# N98000004278).**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 26 PM 12:19

To Whom it May Concern:

Please find enclosed an Application to Cancel the Fictitious name of AMIKids Duval, Inc. as we are no longer in need of this fictitious name. Enclosed is check#134245 that covers the \$60 Processing fee and Certificate of Status. Also enclosed is the original and (1) copy of the Articles of Amendment to Articles of Incorporation for AMIKids Infinity Schools, Inc., we are in need of changing this entity name to AMIKids Duval, Inc. Enclosed is check# 134245 in the amount of \$52.50 to cover the Filing Fee, Certificate of Status and Certified Copy.

Please contact me with any questions or concerns and thank you in advance for your assistance.

  
Melissa Chaves

AMIKids Business Office Manager

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AMIKIDS INFINITY SCHOOLS, INC.

**DOCUMENT NUMBER:** N98000004278

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Chaves

(Name of Contact Person)

AMIkids Inc.

(Firm/ Company)

5915 Benjamin Center Drive

(Address)

Tampa, FL 33634

(City/ State and Zip Code)

mchaves@amikids.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Chaves

813

887-3300

at

(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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  
of

AMIKIDS INFINITY SCHOOLS, INC.

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

N98000004278

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

AMIKIDS DUVAL, INC.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

5915 BENJAMIN CENTER DRIVE

TAMPA, FL 33634

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

C/O NORTHWESTERN MIDDLE SCHOOL

2100 WEST 45TH STREET

JACKSONVILLE, FL 32209

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I 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*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

August 6, 2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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.
- ☐ 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 08/06/2019

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)

MICHAEL THORNTON

(Typed or printed name of person signing)

CEO

(Title of person signing)