1199000003738

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Academic	Communication	s Inc.
DOCUMENT NUMBER: N9900000	3738	
The enclosed Articles of Amendment and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
Tania Hyacini (Name of Contr	he.	
(Name of Conta	act Person)	
(Firm/ Con	npany)	
P.O Box 6	555)	
Sefficial F	<u>U_33583</u> I Zip Code)	-
	future annual report notification)
For further information concerning this matter, please call	:	
Tania Hacinthe (Name of Contact Person)	(Area Code & Daytime T	relephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of	State:
(Certified Copy Additional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	·
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Academic Communica	Las Iv	NC.		
(Name of Corporation as currently filed with		State)		
		TAI S		
<u>N990000 373</u>		======		
(Document Number of Corporat	ion (ii known)	EA T T		
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	Profit Corporation adopts		
A. If amending name, enter the new name of the corporation:		O: 07 STATE LORIDA		
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)		Commercial Blvd #229		
(Fort-land	lerdolo FL 33309		
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2000 W	Commercial Blvd		
	S	ite 229		
	Fort-law	derdale FL 33309		
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:				
Traine of frew Registered rigent.				
New Registered Office Address: (Flori	ida street address)			
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered A	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, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. If amer	nding or adding additional Articadditional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		····	·
	···		

The date of each amendment	(s) adoption: 14-30-09
Effective date if applicable:	t(s) adoption: $\frac{4-30-09}{4-30-09}$
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	4-30-09
Signature	laura flyan
hav	the chairman or vice chairman of the board, president or other officer-if directors on the not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	
	(Typed or printed name of person signing)
	V.P.
	(Title of person signing)

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