

P04000123518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

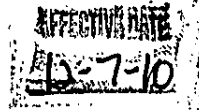
Certified Copies _____ Certificates of Status _____

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900187079289



10/27/10--01013--026 **43.75

*name change
Amend*

2010 NOV 12 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*for
11/12/10*

**00789, 0254502976, 00671*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA EDUCATIONAL INSTITUTE, INC

DOCUMENT NUMBER: P04000123518

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

Please return all correspondence concerning this matter to the following:

JHONSON NAPOLEON

Name of Contact Person

FLORIDA EDUCATIONAL INSTITUTE, INC

Firm/ Company

871 NW 167 STREET

Address

MIAMI GARDENS, FL 33169

City/ State and Zip Code

jhonson@startfei.com

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

For further information concerning this matter, please call:

JHONSON NAPOLEON

Name of Contact Person

at (305)

751-0001

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2010

Jhonson Napoleon
Florida Educational Institute, Inc.
871 NW 167 Street
Miami Gardens, FL 33169

SUBJECT: FLORIDA EDUCATIONAL INSTITUTE INC.
Ref. Number: P04000123518

We have received your document for FLORIDA EDUCATIONAL INSTITUTE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is M16211.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 410A00025612

RECEIVED
10 NOV 12 AM 10:18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Jhonson Napoleon
President
Azure College, Inc
18926 NW 56 Ct
Miami FL 33055
Document #: M16211

Mrs. Annette Ramsey
Regulatory Specialist II
Department of State
Division of Corporations

Miami FL November 9, 2010

Request to Release Azure College's Name to Florida Educational Institute

Dear Mrs. Ramsey;

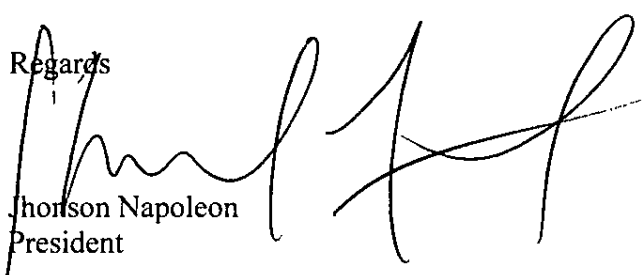
Please receive this letter as my formal request to release the name Azure College to Florida Educational Institute.

This request is effective immediately.

Should have anymore question please call me at 786-290-8827 or by email
Jhonson@startfei.com

Regards

Jhonson Napoleon
President



Articles of Amendment
to
Articles of Incorporation
of

12-7-10

FILED

2010 NOV 12 PM 3:51

FLORIDA EDUCATIONAL INSTITUTE, INC

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P04000123518

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

AZURE COLLEGE, INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

871 NW 167 ST

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI GARDENS

FL 33169

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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)

(City)

Florida
(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, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: OCTOBER 10, 2010

Effective date if applicable: DECEMBER 7, 2010 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated OCTOBER 10, 2010

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JHONSON NAPOLEON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)