

| (Req | uestor's Name) | | | |
|---|-----------------|-----------------|--|--|
| (Addi | ress) | | | |
| (Adda | ess) | | | |
| (City/ | State/Zip/Phone | ; #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | ness Entity Nan | ne) | | |
| (Doc | ument Number) | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Amcl)

DEC 01 2016

R. WHITE

16 NOV 30 EM 9: 45



November 28, 2016

ALBERT DUBOSE 1820 UNIVERSITY BLVD N JACKSONVILLE, FL 32211

SUBJECT: KIDZ QUEST ACADEMY, INC

Ref. Number: P06000077381

We have received your document for KIDZ QUEST ACADEMY, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Rebekah White Regulatory Specialist II

•

Letter Number: 616A00025223

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Kidz Quest Acade | emy, Inc. | | | | |
|---|--|--|--|---|--|--|
| DOCUMENT NUMI | BER: | _ | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing | <u>.</u> | | | |
| Please return all corre | spondence concerning this made | tter to the followi | ng: | | | |
| | Albert DuBose | | | | | |
| | | Name of Cont | act Person | 1 | | |
| | Kidz Quest Academy, Inc. | | | | | |
| | | Firm/ Cor | npany | | | |
| | 1820 University Blvd N | | | | | |
| | | Addre | ess | , , , , , , , , , , , , , , , , , , , | | |
| | Jacksonville FL 32211 | | | | | |
| | | City/ State and | d Zip Cod | 8 | | |
| aldub | ose@kidzquest1.com | | | | | |
| - | E-mail address: (to be us | sed for future annu | ual report | notification) | | |
| For further information Albert T. DuBose | n concerning this matter, pleas | | 904 | 762-9842 or 904 535-0606 cell | | |
| Name | of Contact Person | at (| Area Co | de & Daytime Telephone Number | | |
| | r the following amount made p | payable to the Flo | | • | | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Certified Cop (Additional copencions) | ру | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | | Amend Division Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of



Kidz Ouest Academy, Inc.

16 NOV 30 AH 9: 45

| Kidz Quest Academy, inc. | 60 4: | tly filed with the Florida Dent. of State) | |
|---|--|---|----------|
| <u>(Name</u> P06000077381 | of Corporation as curren | tly filed with the Florida Dept. of State) | |
| | (D) | | |
| | (Document Number | of Corporation (if known) | |
| ursuant to the provisions of section 607 section 607 sections. | 1.1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amen | dment(|
| . If amending name, enter the new n | ame of the corporation: | | |
| I/A | | The | new |
| | nation "Corp," "Inc," or | on," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain | ition |
| . Enter new principal office address, | if annlicable: | N/A | |
| rincipal office address <u>MUST BE A S</u> | | | |
| | | | |
| | | | |
| . Enter new mailing address, if applicable: | | N/A | |
| (Mailing address <u>MAY BE A POST</u> | OFFICE BOX | IVA | _ |
| | | | <u> </u> |
| | | | Ş |
| | | | _ |
| If amending the registered agent ar new registered agent and/or the ne | <u>id/or registered office add</u> w registered office addres | lress in Florida, enter the name of the | |
| • | N/A | <u>n</u> | |
| Name of New Registered Agent | | | |
| | | | |
| | | reet address) | |
| New Registered Office Address: | N/A | , Florida | _ |
| - | | (City) (Zip Code) | |
| | • | | |
| w Registered Agent's Signature, if c | hanging Degistered Agen | | |
| | | with and accept the obligations of the position. | |
| . • | , | | |
| | | | |
| | · | | |
| | Signature of New 1 | 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)

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.

| X Change | <u>PT</u> | John Do | <u>e</u> | | |
|-------------------------------|--------------|-------------|--------------|---|---------|
| X Remove | <u>v</u> | Mike Jo | nes | | |
| X Add | <u>sv</u> | Sally Sn | n <u>ith</u> | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address |
| 1) Change | | _ | | _ | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | | | _ | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | _ | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | _ | | | |
| Remove | | | | | |
| r. al | | | | | |
| 5) Change | | _ | | - | |
| Add | | | | | |
| Remove | | | · | | |
| 6) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |

| E. If amending or adding additions (Attach additional sheets, if necess Article VII: | |
|---|---|
| Resolved that the following persons | be, and they hereby are elected to the designated offices of the corporation; To |
| serve until their successors are electe | d and qualify. |
| President: Albert DuBose | 1706 Silver St. Jacksonville FL 32206 |
| Vice President: Edna L. DuBose | 5251 Clapboard Creek Dr. Jacksonville FL 32226 |
| | |
| | |
| | <u> </u> |
| | |
| | |
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| | |
| | |
| F. If an amendment provides for an provisions for implementing the (if not applicable, indicate N | n exchange, reclassification, or cancellation of issued shares, e amendment if not contained in the amendment itself: 1/A) |
| Albert DuBose 1000 Shares | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment date this document was signed | | , if other than the |
|--|---|--------------------------------|
| Effective date if applicable: | September 28, 2016 | |
| | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this che Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval. | t(s) |
| | re approved by the shareholders through voting groups. The following statened for each voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval | |
| by | .,, | |
| | (voting group) | |
| ☐ The amendment(s) was/wer action was not required. | e adopted by the board of directors without shareholder action and sharehold | der |
| ☐ The amendment(s) was/wer action was not required. | e adopted by the incorporators without shareholder action and shareholder | |
| Nove Dated | ember 4, 2016 | |
| Signature | Educh Disa | |
| (B | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other cou | |
| | pointed fiduciary by that fiduciary) | îlî |
| | Edna L. DuBose | |
| | (Typed or printed name of person signing) | |
| | Vice President | |
| | (Title of person signing) | |