

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000032318 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

Phone : (305)444-4994 Fax Number : (305)444-4977

COR AMND/RESTATE/CORRECT OR O/D RE

EARLY ART EDUCATION INSTITUTE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H09000032318)))

Articles of Amendment to Articles of Incorporation

EARLY ART Education	institute, inc.	
Name of Corporation as currently filed with t		
P07000930		
(Document Number of Corporati		
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation	adopts the
A. If amending name, enter the new name of the corporation	n= ,	
	X/A	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "Corp." "Inc.	" or
B. Enter new principal office address, if applicables	N/A-	
(Principal office address MUST BE A STREET ADDRESS)		
,		
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	11/4	
(Mailing address MAY BE A POST OFFICE BOX)	N//1	
_		-
•		
70 10 No		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add.	<u>iddress in Florida, enter the name (ress:</u>	of the
Name of New Registered Agent:	NIA	
THE PART AND THE PARTY OF THE P		
New Registered Office Address: (Florid	a street address)	
	(City), Florida (Zip Code	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am fa	ent:	
position.	NIA	-
Signature of New R	egistered Agent, if changing	

Page 1 of 3

(((H09000032318)))

If amending the Officers and/or D	tirectors, enter the title and name of each officer/director being
	ress of each Officer and/or Director being added:
(Attach additional sheets, if necessar	ייי

II	T MARIA FIRGACE	1140 GLENWOOD CI WESTON PC 33320	Type of Action D. Add E. Remove
			Q Add Q Remove
E.	If amending or adding additional Articles, en (attach additional sheets, if necessary). (Be sp	nter change(s) here:	
F.	If an amendment provides for an exchange, a provisions for implementing the amendment (if not applicable, indicate N/A)	reclassification, or cancellation of its in the amendment \mathcal{N}/\mathcal{A} -	su <u>ed shares.</u> itself:
· 			
<u> </u>			

Page 2 of 3

(((H09000032318)))

The date of each amendment(s) adoption: 12-30-08
Vitantina data if amalias blas
(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 statemed 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
(voung 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/wate adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12-30-08
Signature
(By a difector, president or other officer - if directors or officers have not been selected, by anytheorperator - if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
DALSICLant
(Title of person signing)