Division of Corporations



# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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#### COR AMND/RESTATE/CORRECT OR O/D RESIGN STS STUDENT TRAVEL SCHOOLS CORP.

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**EXAMINER** 

# (((H11000054470 3)))

Articles of Amendment to Articles of Incorporation of

STS Student Travel Scho					
(Name of Corporation as currently filed with	the Florida Dept. of State)				
P08000031912					
(Document Number of Corpora	tion (if known)				
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following				
A. If amending name, enter the new name of the corporation	<u>ou:</u>				
STS Global Studies Inco	rporated The new				
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "chartered," "professional associations are contain the word "chartered," "professional associations are contained to the c	poration," "company," or "incorporated" or the Carp," "Inc," or "Co". A professional corporation				
B. Enter new principal office address, if applicable:	100 Powdermili Road_#248				
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Acton, MA 01720-5932				
	NOUTE VIEW IN THE PROPERTY OF				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 E. 5th Street, Suite 124  Naperville, IL 60563				
	Naperville, IL 60563				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad.  Name of New Registered Agent:					
New Registered Office Address: (Flori	ida street address)				
	, Florida				
(City)	(Zip Code)				
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fami	<u>gent:</u> litar with and accept the obligations of the position.				
Signature of New	Registered Agent, if changing				

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### (((H11000054470 3)))

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>Titl</u>	<u>e</u>	Name	Address.	Type of Action
	<del>-</del>			☐ Add ☐ Remove
				☐ Add ☐ Remove
-	<del></del>	**************************************		☐ Add ☐ Remove
E. <u>I</u>	f amendin utach addit	t or adding additional Articles, entor ch lonal sheets, if necessary). (Be specific)	ango(s) bero:	
			·	
F. ]	rovisions :	dment provides for an exchange, reclass for implementing the amondment if not oplicable, indicate N/A)	ilfication, or cancellation of iss contained in the amendment is	sed shares,

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#### (((H11000054470 3)))

The date of each amendmen	t(s) adoption: March 1, 2011	
Effective date if applicable:	March 1, 2011 (date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CRECK:ONE)	
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shatcholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	oast for the amondment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we notion was not required.	re adopted by the board of directors without shareholder action and shareholder	
The unendment(s) was/we settlen was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Marc Signature	My M MM	
(By sele	a director, president or other officer - if directors or officers have not been etcd, by an incorporator - if in the hands of a receiver, trustee, or other count officed fiductary by that fiductary)	
	Annette Gustafsson Guenther	
	(Typed or printed name of person signing)	
	Secretary	
•	(Title of person signing)	

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