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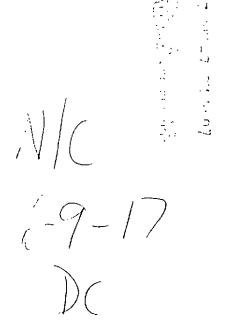
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COVER LETTER

TO: Amendment Section

1

Division of Corporations NAME OF CORPORATION: Roses Academy at Palm Coast, Inc DOCUMENT NUMBER: P09000041279 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Debra Simpson Name of Contact Person Boys to Men. Inc Firm/ Company 91 lindsay Drive Address Palm Coast, Fl 32137 City/ State and Zip Code Rosesacademy@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (813) 514 7177

Area Code & Daytime Telephone Number Debra Simpson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Roses Academy at Palm Coast, Lnc.	
(Name of Corporation as curren	ntly filed with the Florida Dept, of State)
1/09(00)041279	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Boys to Men. Inc.	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 ac new registered agent and/or the new registered office addre	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Florida	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	, Florida

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\Sigma}$	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)			
				
<u> </u>		~ _		
				
-			_	
				
				·-
	, 			
				
	-			
If an amendment provides for an excl	nange reclassification.	or cancellation of is	sued shares.	
provisions for implementing the ame	ndment if not containe	d in the amendment	itself:	
(if not applicable, indicate N/A)				
			 .	
			_ -	
		- <u></u>	<u> </u>	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this doartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated		
selected	rector, president or other officer) if directors or officers have not been I, by an incorporator – if in the lands of a receiver, trustee, or other couled fiduciary by that fiduciary)	ırt
	Debra Simpson	
	(Typed or printed name of person signing)	-
	Owner/Registered Agent/Div/Incorporator (Title of person signing)	
	(Title of person signing)	