## P11000011109

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(A	ddress)		
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(C	ity/State/Zip/Phone #	¥)	
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13 JUL 12 PM 4: 04
SECRETARY OF STATE

C. LEWIS

JUL 1 6 2013

EXAMINER

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Amer	ican Consumer Educational Program Inc
DOCUMENT NUMBER: P11000	011109
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
Bob Waldo	rf
	Name of Contact Person
	Firm/ Company
PO Box 67:	
a.	Address
St Pete Bea	ach, Fl 33736
	City/ State and Zip Code
bob@theproad	
E-mail address	s: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
Bob Waldorf	at (727 ) 320-6100
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
\$35 Filing Fee  \$43.75 Filin Certificate o	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

FILED

S. My .

13 JUL 12 PM 4: 04

## American Consumer Educational Program Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P11000011109		
(Documen	t Number of Corporation (if	known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new na	me of the corporation:	ent.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(	The new of "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7350 Gulf Blvd
		St Pete Beach, FI 33706
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 67385
		St Pete Beach, Fl 33736
-		
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	W.R. Waldorf	
	4750 Dolphin Ca	ay Ln
	(Florida str	
New Registered Office Address:	St Petersburg	, Florida 33711 (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.
Si	gnature of New Registered A	gent, 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	/
Add			/
Remove			/
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_/	/ 	
Add			
Remove			
6) Change		_	
Add			
Remove			

mending or adding additional Articles, enter cha ach additional sheets, if necessary). (Be specific)	
7	
an amendment provides for an exchange, reclassi	ification, or cancellation of issued shares,
ovisions for implementing the amendment if not	contained in the amendment itself:
(if not applicable, indicate N/A)	e promoner amount and
<del></del>	

The date of each amendment(s) adoption: 7-1-2013	FILED
Effective date <u>if applicable</u> :	
Adoption of Amendment(s) (CHECK ONE)	TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	динез
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for t by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	ollowing statement andment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
Dated 7-2-2013	
Signature (1) all	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
D.A. Waldorf	
(Typed or printed name of person signing)	
President	
(Title of person signing)	