

P110000028628

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

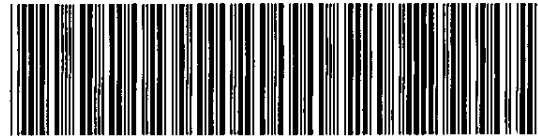
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500214259675

*Amend*

11/18/11--01005--010 \*\*35.00

SUPPLEMENTAL FILING

2011 NOV 18 AM 10:27

DEPT. OF STATE  
CLERK

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 18 PM 3:18

FILED

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ACADEKIDS PRE-SCHOOL AND LEARNING  
(Corporation Name) (Document #)
2. CENTER #2 Corp.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**FILED**

2011 NOV 18 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACADEKIDS PRE-SCHOOL AND LEARNING CENTER  
# 2 CORP.**

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**(PRESENT NAME)**

PURSUANT TO THE PROVISIONS OF SECTION 607, 1006, FLORIDA STATUTES, THIS CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLE OF INCORPORATION:

**FIRST:** AMENDMENT(S) ADOPTED: (INDICATE ARTICLE NUMBER(S) BEING AMENDED ADDED OR DELETED)

**ARTICLES I – PRINCIPAL OFFICE**

**ADDRESS:** 8901 SW 157 AVE # 18 - 19  
MIAMI, FL. 33196

**REGISTERED AGENT NAME & ADDRESS**

**NAME:** GEORGETH NAVARRO  
8901 SW 157 AVE # 18 - 19  
MIAMI, FL 33196

**ARTICLES V – DIRECTORES**

**DELETE:** ANTONIO NAVARRO VIC - PRESIDENT  
9161 SW 153 RD PLACE  
MIAMI, FL 33196

**ADD:** GEORGETH NAVARRO PRESIDENT  
9161 SW 153 RD PLACE  
MIAMI, FL 33196

**SECOND:** IF AN AMENDMENT PROVIDES FOR AN EXCHANGE, RECLASSIFICATION OR CANCELLATION OF ISSUED SHARES, PROVISIONS FOR IMPLEMENTING THE AMENDMENT IF NOT CONTAINED IN THE AMENDMENT ITSELF, ARE AS FOLLOWS:

**THIRD:** THE DATE OF EACH AMENDMENT' S ADOPTION: 11/16/11

**FOURTH:** ADOPTION FO AMENDMENT(S) (CHECK ONE)

X THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR THE AMENDMENT (S) WAS/WERE SUFFICIENT FOR APPROVAL.

THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS THROUGH VOTING GROUPS.

THE FOLLOWING STATEMENT MUST BE SEPARATELY PROVIDED FOR EACH VOTING GROUP ENTITLED TO VOTE SEPRATELY ON THE AMENDMENT(S)

"THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) WAS/WERE SUFFICIENT FOR APPROVAL BY \_\_\_\_\_."  
(VOTING 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/WERE ADOPTED BY THE INCORPORATORS WITHOUT SHAREHOLDER ACTION AND SHAREHOLDER ACTION WAS NOT REQUIRED.

SIGNED ON THIS 16 TH DAY OF NOVEMBER 2011

SIGNATURE \_\_\_\_\_

(By the Chairman or Vice Chairman of the Board  
Of Directors, President or other officer if adopted  
By the shareholder(s)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

**GEORGETH NAVARRO**

\_\_\_\_\_  
Typed or printed name

**PRESIDENT**

\_\_\_\_\_  
Title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN  
THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS  
REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND  
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



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REGISTERED AGENT SIGNATURE