(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CREATIVE KIDZ ACADEMY OF CAPECORAL INC. <u>P130000</u>0036 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ana Hernander
Name of Contact Person S. LLANIO BUSINESS SERVICE Firm/Company Firm/Company
1325 SE 47 PL UNIT H
Address CAPE CORAL, F1 33964

City/ State and Zip Code Lanio busines sa amail - Com.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment Articles of Incorporation of

CREATIVE KIDZ ACADEMY OF CAPE CORAL INC

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

P13000000306

(Document Number of Co	rporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Strits Articles of Incorporation:	atutes, this <i>Florida Proj</i>	fit Corporation adop	ots the following	ng amendment(s) t
A. If amending name, enter the new name of the corpo	oration:			
			£11	_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "Co". A pro			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>			_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(1.1.1.1.2.2.2.1.1.1.2.2.2.1.1.1.2.2.2.1.1.1.2.2.2.1.1.1.2.2.2.2.1.1.1.2.2.2.2.1.1.1.2.2.2.2.1.1.1.2.2.2.2.1.1.2.2.2.2.1.1.2.2.2.2.1.1.2.2.2.2.2.1.1.2.2.2.2.2.1.1.2				13 JUN 25 HA 50: 55
				- 3 最 - <u>-</u> 49
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		da, enter the name	of the	
Name of New Registered Agent				S. F.
	(Florida street address)		,	
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe				
I hereby accept the appointment as registered agent. I at	m familiar with and acc	ept the obligations (of the position.	

Signature of New Registered Agent, 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change	-T	_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	onal sheets, if necessary). (Be specific)	
MENDIN	IG FEDERAL ID NUMBER IS 46-3033804	
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	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:	
	oplicable, indicate N/A)	
<u> </u>		
<u> </u>		
·		
		<u>.</u>
	19-day - 19-	

M/102/12
The date of each amendment(s) adoption:
Effective date if applicable: 06/24/13
(no more than 10 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 statement 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"
by
☐ 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.
Dated 6/24/13
Signature (By a director, president or other officer—if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JACKELINE Y FIGUEROA GEORGE (Typed or printed name of person signing)
PRESIDENT (Title of person signing)