

P13000036603

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TALLAHASSEE, FLORIDA

nc 6/27/13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Matrix Preschool of Arts

DOCUMENT NUMBER: P13000036603

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Sheryl Livingstone**

Name of Contact Person

**Matrix Preschool of Arts**

Firm/ Company

**2138 West Colonial Drive**

Address

**Orlando, FL 32804**

City/ State and Zip Code

**sherylivingstone@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: **Sheryl Livingstone** (407) **704-8820**

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                     |                                                                                            |                                                                                                   |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee & Certificate of Status (Additional Copy is enclosed) |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

**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

**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

For further information you may call the Amendment Section at (850) 217-6650.

CRS 611 (6/1/12)

Articles of Amendment  
to  
Articles of Incorporation  
of

Matrix Preschool of Arts, Inc.

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

P13000036603

CHARTERED

Division of Corporations (Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation: Matrix Preschool of Arts

A. If amending name, enter the new name of the corporation:

Matrix School of Arts and Academics, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Matrix Preschool of Arts

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST-OFFICE BOX**)

Orlando, FL 32801

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

For further information concerning this matter, please call:

Sheryl Livingstone

(Florida street address)

407

724-8820

New Registered Office Address:

Florida

(City)

(Zip Code)

enclosed is a check for the following amount: \$100.00

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(Additional copy is enclosed)

(Additional copy is enclosed)

Signature of New Registered Agent, if changing

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6127  
Tallahassee, FL 32311

Street Address  
Amendment Section  
Division of Corporations  
Union Trust Bank  
2601 Tallahassee Community Bank  
Tallahassee, FL 32301

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: President of Arts

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Subject to the provisions of Article 607, Chapter 607, Florida Statutes, any Florida Profit Corporation is required to provide the following information:

1) ☒ Change name, enter the new name of the corporation:

Matrix School of Arts and Academics, Inc.

☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

2) ☒ Change principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

3) ☒ Change mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

4) ☒ Change registered agent and/or registered office address in Florida, enter the name of the

new registered agent and/or the new registered office address:

☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

5) ☒ Change

Registered Agent/Registered Office

☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

6) ☒ Change Registered Agent's Signature, if changing Registered Agent:

herby designates the appointment of a registered agent. That person, who must be a resident of the state of Florida, shall be:

☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_



The date of each amendment(s) adoption: 06/24/2013

Effective date if applicable:

(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

*If amendments are being adopted, please check the appropriate box.*

☐ 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 \_\_\_\_\_"  
(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.

Dated 06/24/13

Signature

Sheryl Livingstone  
(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)

Sheryl Livingstone

(Typed or printed name of person signing)

Director

(Title of person signing)

*If this amendment provides for an exchange, reclassification, or cancellation of shares, please provide the amendments for the amendment. If not contained in the amendment itself, (if not applicable indicate N/A)*