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Division of Corporations

Fax Number : (850)617-6380

From:

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Phone : (305) 634-3694 : (786)409-5946

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MCDONALD'S LEARNING CENTER INC.

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TO: Amendment Section Division of Corporations

•	4000		
NAME OF CORPORATION:	MICH	enald's Le	earning Center In
DOCUMENT NUMBER:	P140	600 2473	8
The enclosed Articles of Amendm	mi and fee are su	bmitted for filing.	
Please return all correspondence co			
	rancot	Name of Contact Perso	kg
	McDona	Name of Contact Perso d S Learn Firm/ Company	ing Center Inc
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For further information concerning	this matter, pleas	e calt:	
Shince the O.	noaks	at (305	834-2368
Name of Contact Pe	rson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	g smount made p	payable to the Fforida Depa	uriment of State:
	5 Filing Fee & lease of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing For Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
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Clifton Building

2661 Executive Center Circle Tallahassee, PL 32301

Tallahassee, FL 32314

P.O. Box 6327

APPROVEL AND FILED

14 APR -2 AMII: 30

	Articles of Amendment	SECRETARY OF STATE TALLAHASSEE, FLORID/	
	to Articles of Incorporation	FALL AHASSEE, FLURIUM	•
Mc Donald's	Learning Cor	oter Inc	
(Name of Corporation as curre	ently filed with the Florida Dept.	(State)	
P14	10000024738		
(Document Num	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profle	Corporation adopts the following ame	ndment(s) t
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profit	The ." or "incorporated" or the abbrevi ssional corporation name must contain	new lation in the
B. Enter new principal office address, if app. (Principal office address MUST BE A STREE	licable; TADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the resistered agent and/or re now registered agent and/or the new regis	egistered office address in Florida fored office address:	enter the prime of the	
Name of New Registered Agent			
	• .		
	(Florida sirees address)		
New Registered Office Address:		Elouida	
THE INCHESCEN VILLE ABOUTES:	(City)	, Florida(Zip Code)	
•	•	·	
New Registered Agent's Signature, if changin	g Registered Agent;	•	
I hereby accept the appointment as registered as	zens. I am familiar with and accept	the obligations of the position.	
		·	
Zignature	of New Registered Agent, if change	ng	

Page 1 of 4

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 = Dtrector; 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. Prasident, 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, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

Example: X_Change	PI John	<u>Dos</u>	
X Remove	Y Mike	<u>Iones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	8	Waller, Joel	7225 NW SUM C+ MIRMY, FL 33319
Remove 2) Change	Ò	Lallin Vannas	/ MI NICH CH
2) Change Add Remove	<u> </u>	Lallion, Veronica	Apt 408 Minny FL 33127
Change Add Remove	S	Shacora Reyes	3321 NW 214+115+ Minny FL 32056
4) Change Add Remove	5+D	Obadina Omogka	Slog NW 29th Ave MiAnn, FL 83142
5) Change Add Remove	Warning Transport	·	
6) Change			
Remove			

	sheets, if necessary).	cles, enter change(s) (Be specific)	HELE.		
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The date of each amendment(s) adag date this document was signed.	Mion: SECIS	RBINH.		if other than the
Effective date if applicable;	3 31	14		
,	(ho more	lhan 90 days after amende	nent fils date)	- ,
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Adoption of Amendment(s)	(CHECK ON	y		
The amendment(s) was/were adopted by the shareholders was/were suffice	ed by the shareholds	s. The number of votes ca	st for the amendment(s)	
r	-	,		
The amendment(s) was/were approx must be separately provided for ea				
"The number of votes cost for	the amendment(s)	es/were sufficient for appre	oval	
by			**	
	(voting group)			
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Dated	1111) 		
Signature				
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