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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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AUG 2.4 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: The Changing Mace tre School	Inc.			
DOCUMENT NUMBER: \$\\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•			
The enclosed Articles of Amendment and fee are submitted for filing.	,			
Please return all correspondence concerning this matter to the following:	,			
City/ State and Zip Code	- 3410 otmail.com			
For further information concerning this matter, please call:				
Name of Contact Person at (56/) 22/·5/59 Area Code & Daytime Telephone Num	 nber			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Amendment Section				

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

The Changing Flace	tre School Inc.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
<u> </u>	9			
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	() \(\sum_{}\)			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9400 Haverhill Road #. West Palm Beach F13397			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1454 Althow War in Palm Beach Gardens, Fl 33410			
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 addre	<u>ss:</u>			
Name of New Registered Agent	10 / 17			
(Florida street address)				
New Registered Office Address:	, Florida			
	(City) (Zip Code)			
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.				
Signature of New Registered Agent, if changing				
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 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>	Address
1) Change		NIV	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
f)			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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in amendment provides for an exc ovisions for implementing the am	endment if not c	ontoined in the o	nendment itself	onares. '-	
(if not applicable, indicate N/A)		21104111441 111 1110 41		<u> </u>	
,	NIA				
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The date of each amendment(s) adoption:	NW	, if other than the
date this document was signed.		
Effective date if applicable:		
(no	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State		ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>(ONE</u>)	
The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approximation.		endment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmen	- · ·	
by(voting g	,"	
(voting g	roup)	
The amendment(s) was/were adopted by the board action was not required.		shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and share	holder
Dated August	9,2016	
Signature	2 (July	
(By a director, president	or other officer - if directors or officers have	
	ator - if in the hands of a receiver, trustee, or	other court
appointed fiduciary by the	hat fiduciary)	
	ed or printed name of person signing)	
(Туре	ed or printed name of person signing)	
Pr	esident	
	(Title of person signing)	