P15000042867

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Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: CREATIVE SCHO	OLARS ACADEMY INC.		
DOCUMENT NUMB	P15000042867			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		W.
Please return all corres	pondence concerning this ma	tter to the following:		
	STELLA KLEYNBERG			
•		Name of Contact Person	1	-
•		Firm/ Company		-
; -	800 E Hallandale Beach Blv	d Bay #20		_
		Address		
· -	Hallandale Beach, Florida 33	3009		_
		City/ State and Zip Code	e	
LIAN	ACPAPC@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
LIANA TSKHADAIA		at (⁹¹⁷	543-0025	
Name o	f Contact Person	Area Co	de & Daytime Telephone Numbe	r
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CREATIVE SCHOLARS ACADEMY INC.

			X # .	4	V 66 146
(Name	of Corporation as currently	filed with the Florida Dept. of State)	Siran.	-16	Name .
P15000042867		-	من المنظمة الم المنظمة المنظمة	بب س	
	(Document Number of	Corporation (if known)	Î	<u> </u>	7
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the follo	owing ame	endmer	nt(s) to
A. If amending name, enter the new na	me of the corporation:				
			The	new	
	ation "Corp," "Inc," or "C	," "company," or "incorporated" or th co". A professional corporation name m P.A."			
B. Enter new principal office address,	if applicable:	800 E Hallandale Beach Blvd Bay #20			
Principal office address <u>MUST BE A S</u>		Hallandale Beach, Florida 33009			
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		800 E Hallandale Beach Blvd Bay #20			
		Hallandale Beach, Florida 33009			
D. If amending the registered agent an	d/or registered office addre	ess in Florida, enter the name of the			
new registered agent and/or the ne					
Name of New Registered Agent	STELLA KLEYNBERG				
	800 E Hallandale Beach Bl	vd Bay #20			
	(Florida stre	et address)			
New Registered Office Address:	Hallandale Beach , Florida		09		
	(1)	City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agent:	ear a car tar a car co			
nereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the positi	on.		
	WITT Pe				

Page 1 of 4

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		GERSHENSON, ALINA	40 OCEANA DRIVE WEST
Add				APT 7D
X Remove				BROOKLYN, NY 11235
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				1448-19
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

, 	(Be specific)
.,	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
<u>provisions for implementing the ame</u>	ange, reclassification, or cancellation of issued shares, and and an angel in the amendment itself:
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provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

•	10/28//				
The date of each amendment(s) adoption:				, if other than t
late this document was signed.	10/20/2015				
Effective date <u>if applicable</u> :	10/28/2015				
	(n	o more than 90	days after amendn	nent file date)	
Note: If the date inserted in the locument's effective date on the			ible statutory filing	requirements, this date	will not be listed as t
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/were by the shareholders was/were			number of votes ca	st for the amendment(s)	
The amendment(s) was/were must be separately provided					
"The number of votes of	ast for the amendme	ent(s) was/were	sufficient for appre	oval	
by				33	
	(voting	group)			
The amendment(s) was/were action was not required. The amendment(s) was/were action was not required.					
10/28/2	015				
Signature					
(By sele	a director, president	rator – if in the		officers have not been t, trustee, or other court	····
	STELLA KLEY	YNBERG			
	(Тур	ed or printed na	ame of person signi	ing)	
	PRESIDENT				
		(Title of	person signing)		