P14000054431

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: CHAMPAGNAT	INTERNATIONAL ACAI	DEMY, INC.
DOCUMENT NUMB	ER: P16000054431		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
I	LUKB FORD		•
-		Name of Contact Person	n
ı	A&A REGISTERED AGEN	T INC	
·-		Firm/ Company	
. 1	.35 SAN LORENZO AVE S		
-	<u>. </u>	Address	
	CORAL GABLES, FL 3314		
-		City/ State and Zip Cod	e
		•	
LFORI	D@ALAYONLAW.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
LUKE FORD		at (305	221-2110
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divisi P.O. I	ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle lassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

CHAMPAGNAT INTERNATIONAL ACADEMY INC.

(Name of Corporation as curren	thy filed with the Florida Dept. of State)	
P16000054431		
(Document Number	of Corporation (if known)	·
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the follow	wing amendment(s
A. If amending name, enter the new name of the corporation;		The new
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 mi	e abbreviation
B. Enter new principal office address, if applicable:	2801 COUNTY BARN ROAD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLES, FL 34112	
		F0: 6
C. Enter new mailing address, if applicable:	1851 Palm Avenue	74 E
(Mailing address MAY BE A POST OFFICE BOX)	Hialeah, FL 33010	-
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		11V 5
Name of New Registered Agent		
Riorida	ctreat address)	
· ·	,	
New Registerea Office Address:		Zip Code)
New Registered Office Address:		7
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familia	<u>nt:</u> r with and accept the obligations of the position	on.
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 <math>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	PT J	ohn Doe		
X Remove	<u>v</u> <u>v</u>	Mike Jones		
X Add	<u>sv</u> <u>s</u>	ally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change			•	
Add				
Remove				
4) Change				
Add	•		·	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	 			
Remove				

	(Be specific)
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoptions date this document was signed.	·	, if other than the
6/29/16		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	pes not meet the applicable statutory filing requirements at of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amer for approval.	ndment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vo	by the shareholders through voting groups. The following ofting group entitled to vote separately on the amendment	statement (S):
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	•
action was not required. The amendment(s) was/were adopted by	the board of directors without shareholder action and shareholder action	
action was not required.	•	
6/29/16	_	
DatedSignature		
(By a director, r selected, by an	president or other officer - if directors or officers have no incorporator - if in the hands of a receiver, trustee, or of ciary by that fiduciary)	
ISABEI	L ALONSO	
	(Typed or printed name of person signing)	
PSTD		
	(Title of person signing)	