P1600065735

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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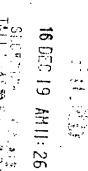


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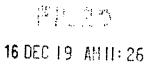


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MT ZION LOVIN	GS ANGELS LEARNING	CENTER INC
DOCUMENT NUMBI	ER: P16000065725		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
1	Vick Wilmot		
		Name of Contact Persor	1
I	Debbie's Accounting Service, Inc		
_		Firm/ Company	
3	3575 Southside Blvd		
_		Address	
J	acksonville, FL 32216		
_		City/ State and Zip Code	2
nick@	debbiesaccountingservice.co	m	
	•	ed for future annual report	notification)
		•	·
For further information	concerning this matter, pleas	e call:	
Nick Wilmot		904	733-4547
Name of	Contact Person	at (at Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p		
■ \$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)
Amer Divis P.O. 1	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



MT ZION LOVINGS ANGELS LEARNING CENTER INC

SECRETARY OF STATE
TALLARA BEFORE THE

(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)
P16000065725		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
MT ZION LOVING ANGELS LEARN	ING CENTER INC	The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		3811 ST AUGUSTINE RD
		JACKSONVILLE, FL 32207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3811 ST AUGUSTINE RD
		JACKSONVILLE, FL 32207
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	CLARENCE WATSON	_
Nume of New Registered Agent	3811 ST AUGUSTINE F	RD
	(Florida si	reet address)
New Registered Office Address:	JACKSONVILLE	. Florida
New Rogistered Office Madress.		(City) (Zip Code)
New Registered Agent's Signature, if c		t: with and accept the obligations of the position.
	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.

X Change	PT John De	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	SV Sally S	mith_	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	DIRECTOR	HARRIS, ANITA	3811 ST AUGUSTINE RD
Add			JACKSONVILLE, FL 32207
Remove			
2) Change	PRESIDENT	WATSON, CLARENCE	2323 MISTY DR
X Add			JACKSONVILLE, FL 32211
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
Adding Clarence Watson as PRESIDENT	
Changing Title of Anita Harris to DIRECT	OR
	····
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date it applicable: (no more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	
"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 sha action was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	older action and shareholder
Dated Signature Signature	
Signature (By a/director, president or other officer – if director, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
Anita Harris	
(Typed or printed name of per	rson signing)
Director	
(Title of person si	gning)