P17000056189

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TALLAHASSEE, FLORIDA

DEC 22 2017
T. LEAMEUX

COVER LETTER

O: Amendment Section
Division of Corporations

AME OF CORPORATION: Blue Jay Academy of West Volusia, Inc

OCUMENT NUMBER: P17000050189

ie enclosed *Articles of Amendment* and fee are submitted for filing.

ease return all correspondence concerning this matter to the following:

Mitchell D. Brand
Name of Contact Person

Blue Jay Academy
Firm/ Company

2312 Wilton Drive #10
Address

Wilton Manors, FL 33305
City/ State and Zip Code

Mitchell.BlueJayAcademy@gmail.com
E-mail address: (to be used for future annual report notification)

r further information concerning this matter, please call:

Mitchell D. Brand at (561) 489-8541
Name of Contact Person — Area Code & Daytime Telephone Number

closed is a check for the following amount made payable to the Florida Department 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Blue Jay Academy of Excellence, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000050189

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to Articles of Incorporation:

If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

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 address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida _____
(City) *(Zip Code)*

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

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amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress of each Officer and/or Director being added:

Attach additional sheets, if necessary)

lease note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office eld. President, Treasurer, Director would be PTD.

hanges 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 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, like Jones, V as Remove, and Sally Smith, SV as an Add.

xample:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

ype of Action (Check One)	Title	Name	Address
___ Change	AVPS	Stacey Gilmer	107 S Chanaok Ave. Orlando, FL 32724
___ Add			
X Remove			
___ Change	AVPS	Diane Smith	2312 Winter Drive #10 Winter Haven, FL 33305
X Add			
___ Remove			
___ Change			
___ Add			
___ Remove			
___ Change			
___ Add			
___ Remove			
___ Change			
___ Add			
___ Remove			
___ Change			
___ Add			
___ Remove			

If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*). *(Be specific)*

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(*if not applicable, indicate N/A*)

ıe date of each amendment(s) adoption: 12/7/17, if other than the ıe this document was signed.

ffective date if applicable: _____

(no more than 90 days after amendment file date)

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

loption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by 100% Stockholders, Common Shares."
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/7/17

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mitchell D. Brand

(Typed or printed name of person signing)

Pres

(Title of person signing)