

P17000051641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

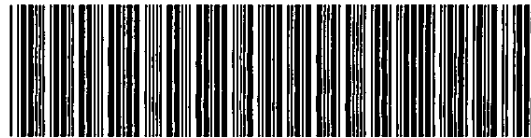
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700300322657

06/22/17--01017--024 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 22 PM 3:35

Name Change

JUN 30 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DREAM, BELIEVE AND ACHIEVE LEARNING CENTER OF
DOCUMENT NUMBER: P17000051641 DUNNELLO, INC.

The enclosed and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNITRA ROBINSON

Name of Contact Person

DREAM, BELIEVE AND ACHIEVE LEARNING CENTER OF DUNNELLO, INC.

Firm/ Company

20561 POWELL ROAD

Address

DUNNELLO, FL 34431

City/ State and Zip Code

SHIVERS@SHIVERSCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY S. SHIVERS, CPA at 352 489-4520
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 22 PM 3:35

Jeffrey S. Shivers CPA, LLC

Certified Public Accountant

June 21, 2017

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

Re: CC9751257722 and P17000051641

Dear Division of Corporation Representative:

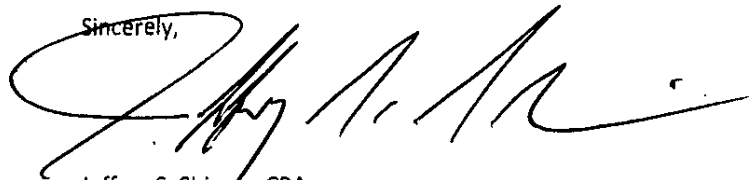
Dream, Believe and Achieve Learning Center, Inc. (CC9751257722) is changing its name to Dream, Believe and Achieve of Dunnellon, Inc. and allowing Dream, Believe and Achieve Learning Center of Dunnellon, Inc. (P17000051641) to adopt their old name. These amendments and release of name have been approved by the officers/owners of both corporations. I have attached the amendments and fees for both corporations with the name change portion completed. All other information remains the same.

Per my conversation with your office the CC9751257722 amendment would be filed first, releasing the name. And then the P17000051641's amendment could be filed adopting the name that had just been released.

If there are any questions, please give me call as soon as possible as we would like confirmation of the change by the end of June.

Thank you for your help in this change.

Sincerely,



Jeffrey S. Shivers, CPA

Enclosures

Lakeland Office
4460-1 Florida National Drive
Lakeland, FL 33813
P: (863) 646-8299
F: (863) 583-8181

Dunnellon Office
20184 East Pennsylvania Avenue
Dunnellon, FL 34432
P: (352) 489-4520
F: (863) 583-8181

Mailing Address
Post Office Box 2597
Lakeland, FL 33806-2597

Website: Shiverscpa.com
Email: Shivers@Shiverscpa.com

Articles of Amendment
to
Articles of Incorporation
of

DREAM, BELIEVE AND ACHIEVE LEARNING CENTER OF DUNNELLON, INC.

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

P17000051641

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this
its Articles of Incorporation:

adopts the following amendment(s) to

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

DREAM, BELIEVE AND ACHIEVE LEARNING CENTER, INC.

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."

B. Enter new principal office address, if applicable:

_____)

C. Enter new mailing address, if applicable:

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 address:

Name of New Registered Agent _____

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 22 PM 3:35

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

JUNE 21, 2017

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

Adoption 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 _____."
(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.

JUNE 20, 2017

Dated _____

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)

ARNITRA ROBINSON

(Typed or printed name of person signing)

OWNER/PRESIDENT

(Title of person signing)