P94000025277

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COVER LETTER

TO: Amendment Section Division of Corporations ACO do My of ACT TOC
NAME OF CORPORATION: ACAdemy of Arts Inc. DOCUMENT NUMBER: P94000025277
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rebeca R. Columna
Name of Contact Person
Academy of Arts
Firm/ Company
20841 JOHNSON STreet # 113
Pembroke Pines FL 33029
City/ State and Zip Code
Vanessa @academy of artsinc.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebeca 954, 559-9807
at (101) 001.
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a cleek for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43:75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

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enclosed)

(Additional copy is

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street Address

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

,	
Articles of A	mendment
to	
Articles of Inc	/ 1 1 · · · · · · · · · · · · · · · · ·
(Name of Corporation as current)	y filed with the Florida Dept. of State)
Daynor	725277
(Document Number o	f Corporation (if known)
(Socialism Figures)	·
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
_ NA -	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	n," "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>)	120 -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20841 Johnson Street #13 Pembroke Pines, FL
	Do-olocoka Dione
(Same as principal)	PENIDIOLETINES FL
(P P	33029
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	
Name of New Registered Agent Kebeca	- K. Columna
	basaa Stood + 112
20071 JC	THOUT STIELT # 115
	chason Street # 113 reet address) Q Pines Florida 33029
New Registered Office Address: PEMBIO	Q PINES, Florida 53029
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	n 1

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

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	n Doe				
X Remove	<u>V</u> <u>Mik</u>	e Jones				
_X Add	<u>SV</u> <u>Sall</u>	y Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	_	<u>Addre</u>		
1) Change	PD	Reb	column	<u> </u>	.0841 Johns	
V Add → D;	rector		Column		Street -	
Remove				Per	mbroke Pine	s,FL 3302
2) Change	<u> </u>	Pa	Ul Colu	mna		nason
Add						113_
Remove 3) Change	NP	Van	essa F	<u>Per</u> Puso:	mbroke Pin 20841	25, FL 3302
Add				Per	Johnson St. nbroke Ales,	
4) Change	<u></u>	Fran	cesca-	Russo	20841 JUh	inson St.
Add Remove				<u> </u>	mbrole Pius FL 230	-
5) Change		·				
Add				***************************************		
Remove						
6) Change		·				
Add						
Remove				· 		

ttach additional sh	ng additional Articles, enter cheets, if necessary). (Be specific	ange(s) nere:			
					
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provisions for imp	ovides for an exchange, reclass ementing the amendment if no le, indicate N/A)	ification, or cance t contained in the	llation of issued s amendment itself	ihares, :	
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The date of each amendment(s) adoption:	, if other than the
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 a document's effective date on the Department of State's records.	ot be listed as the
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.	
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) Rebeco R. Column (Typed or printed name of person signing) President Directors Output Directors Output Directors Output Directors Output Directors Output Directors Output Output	<u>a</u>
(Title of person signing)	