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(Req	uestor's Name)			
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(City	/State/Zip/Phon	9 #)		
PICK-UP	☐ WAIT	MAIL		
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(Doc	ument Number)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Whole Child Charter Academy, Inc. DOCUMENT NUMBER: NO 10000 4145 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lawrence H. Broxton, Sr. Child Charter Academy, Inc. P. O. Box 10989 4tona Beach Floring 32120-0989 (City/State and Zip Code) ox fer Q Jahoo. Com
(to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person)

(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 & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee

Mailing Address

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

Certificate of Status

Street Address

Certified Copy (Additional copy is

enclosed)

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 Amendment to

Articles of Amendment to Articles of Incorporation of Whole Child Charter Academ(/, Inc.						
Articles of Incorporation						
Whole Child Charter Academy, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)						
NO 700000 4145						
(Document Number of Corporation (if known)						
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:						
A. If amending name, enter the new name of the corporation:						
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.						
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Daytona Beach, Florida 32120-0989						
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:						
New Registered Office Address: (Florida street 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						

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>vp</u>	Lawrence T.	Broxton, Jr. 2455 Conchast	Add Remove
VP_	Dr. John L. C	anady 211 Duss Street New Smyrna Beach. Florida 32168	Add
VP_	Dr. Ann Tac	113 Gary Avenus Daytona Beach. FL 32159	Add Remove
	*see attached p	age #1	
	iding or adding additional Ai	rticles, enter change(s) here:	
(attach d	additional sheets, if necessary).	(Be specific)	
""" " " " " " " " " " " " " " " " " " 			
			
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The date of each amendment(s) a	
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or meml adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated	Aume H. Buth
(By the have not	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
<u></u>	awrence Broxton Sp. (Typed or printed name of person signing)
	President
	(Title of person signing)

ATTACHMENT #1

Amending Officers and or Directors Page 2 of 3 ARTICLE 4 & 7

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Secretary	Duran Williams	500 Tomoka Road Daytona Beach, Florida 32114	ADD
Secretary	Dr. Ronald Durham	539 George W. Engram Blvd. Daytona Beach, Florida 32114	REMOVE
Treasurer	Vickie Williams	500 Tomoka Road Daytona Beach, Florida 32114	ADD
Treasurer	John Long	1090 George W. Engram Blvd. Daytona Beach, Florida 32114	REMOVE
Director	Dr. Shirley Lee	355 Bartley Road Daytona Beach, Florida 32114	REMOVE
Director	Duran Williams	500 Tomoka Road Daytona Beach, Florida 32114	ADD
Director	Dr. Ronald Durham	539 George W. Engram Blvd. Daytona Beach, Florida 32114	REMOVE
Director	Lawrence Broxton, Jr.	2455 Conchas Lane Las Cruces, NM 88011	ADD
Director	Torrence E. Broxton	128 Spinnaker Circle South Daytona, Florida 32119	ADD
Director	Dr. John Canady	211 Duss Street New Smyrna Beach, Florida 32168	ADD
Director	Vickie Williams	500 Tomoka Road Daytona Beach, Florida 32114	ADD