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AUG 1 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	nristian Academy, Inc.		
DOCUMENT NUMBER:		<u>-</u>	
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Lavaughn Lewis			
	(Name of Contact I	erson)	
	(Firm/ Compar	ıy)	
Post Office Box 668055			
	(Address)		
Pompano Beach, Florida 33066			
	(City/ State and Zip	Code)	
llewissca@gmail.com			
E-mail address: (to	be used for future annual re	port notificatio	n)
For further information concerning this matter	, please call:		
Lavaughn Lewis	a	954 t	553 0441
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida	Department of	State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of	Fee & S43.75 Filing Fee Status Certified Copy (Additional copy enclosed)	Certi is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Amendment Section Amendment Division of Corporations Division		reet Address mendment Sectivision of Corp lifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Marks of the last of the last

S.O.U.L. Christian Academy, Inc.

(Name of Corporation a	s currently filed with the Florid	la Dept. of State)
N15000004525		
(Docume	nt Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006. Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
S.O.U.L. Academy, Inc.		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporation" or "incorporated'	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		nter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Flor	rida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		he obligations of the position.
	Signature of New Registe	red 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 X Remove X Add	\underline{V} Mik	n Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			-
Add			·
Remove			
3) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
δ) Change			
Add			
Remove			

(attach additional s	ding additional Art heets, if necessary).	(Be specific)				
						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
August 2, 2018	
Effective date <u>if applicable</u> : (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 dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	ent(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	rere
Dated	
Signature (By the chairman or vice chairman of the board, president or other officer-if direct	
have hot been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	, or
Lavaughn Lewis	
(Typed or printed name of person signing)	
President	
(Title of person signing)	