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SECRETARY OF STATE
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COVER LETTER

ŤO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CHRISTIAN H	IOME ACADEMY, INC.	
DOCUMENT NUM	ивек: N04000010394		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
		s. Sarris, Esq.	
	(Name of	Contact Person)	
	Affinity	Law Firm, P.L.	
	(Firm	/ Company)	-
	3947 Boulevar	d Center Dr, Ste 101	
	(4	Address)	
	Jackson	ville, FL 32207	
	(City/ Sta	te and Zip Code)	
		finitylawfirm.com d for future annual report notific	ation)
For further informat	ion concerning this matter, please	e call:	
Gust G. Sarris		at (904 ₎ 398-951	10
(Nam	e of Contact Person)		me Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departmen	t 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)
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of

CHRISTIAN	HOME ACAD	EMY, INC.	
(Name of Corporation as cu	rrently filed with	the Florida Dept. of St	
N	04000010394		三型二二
(Document N	Number of Corporat	ion (if known)	38. 00 L
Pursuant to the provisions of section 617.10	06 Florida Statutes	this <i>Florida Not For P</i>	rofit Corneration adon
he following amendment(s) to its Articles of		, 11113 2 107 11112 1 1 107 2 07 2	95
If amounting many and and he many many	64h		DE O
A. If amending name, enter the new nam	e of the corporation	<u>on:</u>	
n)		1 11 11 11	. 7+1 .7
The new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u>			orporated" or the
B. Enter new principal office address, if a			
Principal office address <u>MUST BE A STR</u>	<u>EEI ADDRESS</u>)		
C. Enter new mailing address, if applica	ble:	40.0011.505.55%	.=
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	16 COLLEGE DRIVE	
		ORANGE PARK FI	L 32065
D. If amending the registered agent and/o	or registered office	address in Florida, en	ter the name of the
new registered agent and/or the new r	egistered office ad	dress:	
Name of New Registered Agent:	Ga	ary F. Lenzi	
	6011 Co	nterwood Avenue	_
New Registered Office Address:		ida street address)	
THE ROSISTER CA OFFICE MALLESS.		•	00004
	Ja	acksonville	, Florida 32234
		(City)	(Zip Code)
ew Registered Agent's Signature, if char			
hereby accept the appointment as registe osition.	ered agent. I am	familiar with and acce	pt the obligations of th
osition.			
-	<u> </u>		
	Signature of New	Registered Agent, if cha	anging

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>P</u>	SPERRY, MARK L REV.	1965 CEDAR RIVER COURT ORANGE PARK FL 32003-7939	☐ Add
<u>VT</u>	SPERRY, JUDY O M.ED.	1965 CEDAR RIVER COURT ORANGE PARK FL 32003-7939	☐ Add Remove
<u>s</u>		3859 RANDALL ROAD GREEN COVE SPRINGS FL 32043	☐ Add Remove
	or adding additional Articles, enter chonal sheets, if necessary). (Be specific,		
	for more amendments of officers		
<u> </u>			
			

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>	Name	Address	Type of Action
D	ROMEIN, DAN	341 MICKLERS ROAD ST. AUGUSTINE FL 32280	☐ Add ☑ Remove
<u>D</u>	GREEN, BRUCE DR.	15235 FOREST OAK STREET PRAIRIEVILLE LA 70769	☐ Add ☑ Remove
D	MARSHALL, DOUGLAS	3859 RANDALL ROAD GREEN COVE SPRINGS FL 32043	☐ Add ☑ Remove
(attach addit	g or adding additional Articles, enter clional sheets, if necessary). (Be specific different to the specific different to	·)	
		······································	

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Lenzi, Gary F.	6011 Centerwood Avenue Jacksonville, FL 32234	
<u>VP</u>	Lenzi, Lynne M.	6011 Centerwood Avenue Jacksonville, FL 32234	☑ Add □ Remove
(attach a	eding or adding additional Articles additional sheets, if necessary). (B	e specific)	
- and			

The date of each amendment(s) adoption: May 15, 2009		
Effective date if applicable:	May 15, 2009	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_4/15	5/2009	
Signature	Thank to Spury	
(By	the chairman or vice chairman of the board, president or other officer-if director ve not been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)	
	SPERRY, MARK L REV.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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