## N97000004343

|                      | (Requestor's Name)       | <u>-</u> |
|----------------------|--------------------------|----------|
|                      | (Address)                |          |
|                      | (Address)                |          |
|                      | (City/State/Zip/Phone #) |          |
| PICK-UF              | WAIT                     | MAIL     |
|                      | (Business Entity Name)   |          |
|                      | (Document Number)        |          |
| Certified Copies     | Certificates of S        | Status   |
| Special Instructions | to Filing Officer:       |          |
|                      |                          |          |
|                      |                          |          |
|                      |                          |          |
| <u></u>              |                          |          |

Office Use Only



400317586144

09/04/18--01028--011 \*\*43.75

FILED
2018 SEP-4 PM 2: 2:
SECRETARY OF STAT

C. GOLDEN SEP 11 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: BARNO   | gas CHRISTAN  | ACADEMY  |
|--|---|--|
| DOCUMENT NUMBER: N97   | 00000 4343  |  |
| The enclosed Articles of Amendment and fee are subm                            | itted for filing.   |  |
| Please return all correspondence concerning this matter                        | to the following:   |  |
| RAYMOND  | Askew<br>Name of Contact Person)  |  |
|  | CHRISTIAN ACAPEN  | nY   |
|  | S US HWY I  |  |
|  | (Address)<br>Lucie, FL 349  | 52   |
| RASKEW @ -   | City/ State and Zip Code) $TNCAEAGLES$ , $UR$   | G  |
| For further information concerning this matter, please of Contact Person)      | `   |  |
| (Name of Contact Person) Enclosed is a check for the following amount made pay |   |  |
| ☐ \$35 Filing Fee  | Certified Copy Certi<br>(Additional copy is enclosed) Certi<br>(Additional copy is certification (Additional copy is certification) | 50 Filing Fee<br>ficate of Status<br>fied Copy<br>litional Copy is<br>losed) |
| Mailing Address Amendment Section Division of Corporations                     | Street Address Amendment Sec  |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

of

|  | CHRISTIAN                       |                        | I Never porate      |
|--|---------------------------------|------------------------|---------------------|
| (Name of Corporation as curre  | ntly filed with the Flor        | ida Dept. of State)    | •                   |
| N 97 0000  | 004343                          |                        |                     |
| (Document Num  | ber of Corporation (if kr       | iown)                  |                     |
| resuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:  | tes, this <i>Florida Not Fo</i> | Profit Corporation a   | dopts the following |
| If amending name, enter the new name of the corpora  | ition:                          |                        |                     |
|  |                                 |                        | The new             |
| ime must be distinguishable and contain the word "corpor<br>Company" or "Co." may not be used in the name. | ation" or "incorporated         | " or the abbreviation  | "Corp." or "Inc."   |
| Enter new principal office address, if applicable:   |                                 |                        |                     |
| rincipal office address MUST BE A STREET ADDRESS   | <u></u>                         |                        |                     |
|  |                                 |                        |                     |
|  |                                 |                        |                     |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                       |                                 |                        |                     |
|  |                                 |                        |                     |
|  | <del></del>                     |                        |                     |
|  |                                 |                        |                     |
| If amending the registered agent and/or registered of  |                                 | enter the name of the  | 2                   |
| new registered agent and/or the new registered office  | address:                        |                        |                     |
| Name of New Registered Agent:  |                                 |                        |                     |
|  |                                 | orida street address)  |                     |
| New Registered Office Address:   | ,, .                            | , ,,,,,                |                     |
|  |                                 | , Florida              | 1                   |
|  | (City)                          | (Zip                   | Code)               |
| ew Registered Agent's Signature, if changing Registered agent. I am j                                      |                                 | the obligations of the | position.           |
|  |                                 |                        |                     |
|  | Signature of New Regist         | ered Avent, if changin | <u> </u>            |

Page 1 of 4

1018 SEP -4 PM 2: 22 SIGNETARY OF STATE TALLAHASSEE, FL

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 | PT         John D           V         Mike J           SV         Sally S | ones             |   |
|-----------------------------------|---|------------------|---|
| Type of Action (Check One)        | <u>Title</u>  | <u>Name</u>      | <u>Addres</u> s                                 |
| 1) Change<br>Add<br>Remove        | CHAIRMAN  | Scott BARTAL     | 1132 SW GREENBRUH (ave<br>RASTLUCIE, FL 34986   |
| 2) Change Add ⊀ Remove            | <u>vc</u>   | MARK TOMASZEWSKI | 801 SW DUNCAN TERRACE<br>Port STLucie, FL 34953 |
| 3 ) Change Add Remove             | Pies  | MICHAEL WOODBURY | Port ST Lucie FL 34984                          |
| 4) Change Add Remove              |   |                  |   |
| 5) Change Add Remove              |   |                  |   |
| 6) Change Add Remove              |   |                  |   |

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |                                       |             |             |
|--|---------------|---------------------------------------|-------------|-------------|
|  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               | _                                     |             |             |
| · · · · · · · · · · · · · · · · · · ·  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       | <del></del> |             |
|  |               | ·                                     |             |             |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       | <del></del> |             |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               | · · · · · · · · · · · · · · · · · · · |             | <del></del> |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
| <del></del>  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       | <del></del> |             |
|  | . <del></del> |                                       |             |             |
|  |               |                                       |             |             |
|  |               |                                       |             |             |
| <u> </u>   |               |                                       |             |             |
|  |               |                                       | <u></u>     | , <u>-</u>  |
|  |               |                                       |             |             |
| -  |               |                                       | · •         |             |
|  | <del></del>   |                                       |             |             |
|  |               |                                       |             |             |
|  |               | ·                                     |             |             |

| The  | date of each amendment(s) adoption:  | _, if other than the |
|------|--|----------------------|
| date | this document was signed.  |                      |
| Effe | ective date if applicable:   |                      |
|      | (no more than 90 days after amendment file date)   |                      |
|      | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records. | e listed as the      |
| Ada  | option 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.   |                      |
| ×    | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |                      |
|      | Dated 8/30/2018  |                      |
|      | Signature  | _                    |
|      | have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  |                      |
|      | MICHAEL WOODBURY   |                      |
|      | (Typed or printed name of person signing)  |                      |
|      | PRESIDENT  |                      |
|      | (Title of person signing)  |                      |