Prorida Department of State Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000237473 3)))



H230002374733ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From

Account Name : PAVESE LAW FIRM

Account Number : I20130000057

: (239)334-2195

Fax Number

: (239)332-2243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: registeredagente paveselaw.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN FORT MYERS CHRISTIAN SCHOOL, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000237473 3)))

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| FORT MYERS CHRISTIAN SCHOOL, INC. NAME OF CORPORATION: |
| |
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filling. |
| Please return all correspondence concerning this matter to the following: |
| PLF REGISTERED AGENT, L.L.C. C/O STEVEN C. HARTSELL |
| (Name of Contact Person) |
| PLF REGISTERED AGENT, L.L.C. |
| (Firm/ Company) |
| 1833 HENDRY ST |
| (Address) |
| FORT MYERS, FL 33901 |
| (City/ State and Zip Code) |
| (City/ State and Zip Code) REGISTEREDAGENT@PAVESELAW.COM E-mail address: (to be used for biture annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| PLF REGISTERED AGENT, L.L.C. C/O STEVEN C. HARTSELL 239 336-6244 |
| (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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy |

esclosed)

Melling Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tellahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, PL 32303

Enclosed)

(Additional Copy is

(((H23000237473 3)))

. (((H23000237473 3)))

Articles of Amendment to Articles of Incorporation of

| Name of Cornoration as currently filed with the Florid | n Dept. of State) | - |
|---|--|--|
| 750162 | | |
| (Document Nu | mber of Corporation (if known) | |
| tursuant to the provisions of section 617,1006, Plorida Statement(s) to its Articles of Incorporation: | tutes, this Florida Not For Profit Corporation ado | pto the followin |
| Lamending using, enter the new name of the corpor | ration; | |
| ame must be distinguishable and contain the word "corpo | ration" or "Incorparated" or the abbreviation "Co | The new |
| Company" or "Ca." may not be used in the name. | | |
| 3. <u>Enter pew principal office address, if applicables</u> Principal office address <u>MUST BE A STREET ADDRES</u> | N/A (S) | <u>. </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| | | ——1955 — 1967 — 1977 |
| . I (amending the registered agent and/or registered of | Nice address in Florida, enter the name of the | 70 20 20 |
| new registered agent and/or the new registered office | address: | ? . |
| Name of New Registered Agent: NA | | |
| | | |
| New Registered Office Address. | (Florida street address) | 1 |
| N/A | | |
| | (Cloy) Florida, Florida | |
| | 10.55 | / |

Signature of New Registered Agent, if changing

(((H23000237473 3)))

If amouding 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 Clark; 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: XChange XRemove X Add | <u>Y</u> <u>M</u> | n Dos is Jones y Smith | |
|--|---|--|--|
| Type of Action (Check One) | Title | Name . | Address |
| I) Change Add | <u>VP</u> | THOMAS, DAVID L | 3731 LAPALMA ST FORT MYERS, FL 33901 |
| X Remove 2) X Add | <u>v</u> | MCELWEE, JASON | 4701 SUMMERLIN RD FORT MYERS, PL 33919 |
| Remove Change Add Remove | <u>s</u> | GARDNER, JIM | 8836 BANYAN COVE CIR FORT MYERS, FL 33919 |
| 4) Change Add | <u>s</u> | McLAUGHLIN, SHARON | 4701 SUMMERLIN RD FORT MYERS, FL 33919 |
| Remove Change Add | <u> P</u> | HURST, RUSS | 4701 SUMMERLIN RD FORT MYERS, FL 33919 |
| Remove O X Change Add | <u>T</u> | STRONG, HERB | 4701 SUMMERLIN RD FORT MYERS, FL 13919 |
| Remove E. If amending or ad (utach additional s | ding additional A heets, if necessary, | riicica, enter chango(s) here:). (Be specific) | |
| N/A | | | |
| | | | |
| ** | | | |

| . (((H2300023747 | 73 3))) | | | | | | |
|--|----------------------------|--------------|------------------|-------------|------------------|---------------------------------------|---------------------|
| | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | |
| · · · | | - | | | | | ···· |
| · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | |
| | | | | | ···· | | |
| | | | | | | | |
| | | | | | _ | | |
| | | | | | <u>.</u> | | |
| | | . | | | | | |
| | ·· | | | _ | | | |
| | - | | | | | | |
| | _ | | | | | ~ ~~~ | |
| | | | | _ | _ | | |
| | | | | | · | · | |
| | | <u> </u> | | | | | |
| - | | <u> </u> | | ,, | | - | |
| | | | | | | | |
| | | | | | | · | |
| | | | | | | | |
| | | 5.N5 | | | | | |
| The date of each amendment lists this document was signed | t(s) adopti: . | 001 | | WED | | _ | , if other than the |
| Effective date <u>if applicable;</u> | N/A | (no more th | an 90 days afti | er omandma | nt file date) | | |
| Note: If the date inserted in the | ils block de he Departn | lastnot meet | the applicable : | | | ts, this date will r | ot bo listed as the |
| Adoption of Amendment(s) | | CHECK | ONE) | | | | |
| The amendment(s) was/w | ere adopte | d by the men | nbers end the n | umber of vo | ics cast for the | amendment(s) | |

(((H23000237473 3)))

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RUSS HURST Pussel Hurst

(Typed or printed name of person signing)

(Title of person signing)