## N0000003137

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Hallie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3.27.19

Office Use Only



300326860703

300326860703 04/30/19-0005--024 ++43.75

RECEIVED
APR 2 9 2019

2019:21:29 NH 8:39

Amend Cus

MAY - 9 2019 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:COY	nerstone Academy and ministries, Inc.
DOCUMENT NUMBER:	0000003137
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
	Liana Kinsman (Name of Contact Person)
	(Name of Contact Person)
	Cornerstone Academy (Firm/Company)
	(Firm/ Company)
	1520 NW 34th Street (Address)
	(Address)
	Gainesville, FL 32405
	(City/ State and Zip Code)
F-mail address: tte	iana. Kinsman & cq. School be used for future annual report notification)
For further information concerning this matter	•
Liana Kinsm	nan at 352 - 378 - 933 7 (Area Code) (Daytime Telephone Number)
(Name of Contac	1 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 Certificate of	Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of

Corners tone Acad	demy and Ministries, Drc.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N 000000	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)
	-
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	129
	<del></del>
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	duress:
Name of New Registered Agent:	Ethel Owusu-Nukunya
·	Ethel Owusu-Nukunya 4636 NW 82nd Rd
New Registered Office Address:	(Florida street address)
	Gainesville Florida 32453
=	(City) (Zip Code)
	(Silly (Mp Cine)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
	(Ghion
Si	ignature 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)

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>birector</u>	Daug Johnson	PO Box 357430 Gainesville Fi 32635
2) Change Add			
Remove 3 ) Change Add			
Remove 4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
10.70.447-8-19		
· · · · · · · · · · · · · · · · · · ·		
	<del></del>	
		* 141
· · · · · · · · · · · · · · · · · · ·		
<del>-</del>		
		****

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.  Effective date if applicable:	4-24-19 (no more than 90 days after amendment file de	
Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicable statutory filing requir	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
was/were sufficient for appro  There are πo members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amend	
have not b	irman or vice chairman of the board, president or other cen selected, by an incorporator – if in the hands of a retappointed fiduciary by that fiduciary)  Hel Ownu- Wuk  (Typed or printed name of person sign	receiver, trustee, or
	President, Board of S. (Title of person signing)	1x chrs