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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND SECRETARY OF STATE

Amend Thewis 11-25-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: De	istin Chris	tian Academy T	For the deadership, Inc.
DOCUMENT NUMBER: _// 6/	0000000	26	
The enclosed Articles of Amendment	and fee are submitte	d for filing.	
Please return all correspondence conce	erning this matter to	the following:	
Vernita Austin Ch	V. Coleman (Name of Cont	,	
6901 N. N	Main St. (Addre	ess)	
<u>Jackson ville</u> E-mail add		(6 8 de la	n)
For further information concerning this	s matter, please call	:	
Verni ta V. Coleman (Name of Contact Person Enclosed is a check for the following)	•		·
□\$35 Filing Fee □\$43.75 Fili Certificate of	ing Fee & C	☐\$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	s	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

Articles of Amendment to

Articles of Incorporation

of	
Austin Christian Academy for the Development of Excellence and (Name of Corporation as currently filed with the Florida Dept. of State)	d Leade
(Name of Corporation as currently filed with the Florida Dept. of State)	In
NO1000000 26 (Document Number of Corporation (if known)	
	_
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporati</i> the following amendment(s) to its Articles of Incorporation:	on adopts
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation" or "incorporated" or abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- F F D
D. If amending the registered agent and/or registered office address in Florida, enter the name of	<u>f the</u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
, Florida, City) (Zip Code	
	,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation position.	ons of the
Signature of New Pagistaway Agent if changing	

Page 1 of 3

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
			Add Remove
			
			Add Remove
(attach d	additional sheets, if necesso	I Articles, enter change(s) here: ary). (Be specific)	2 11/2 11/2 12
like.	to amond	cles Show 5010. This to show 501 ncircled.	(c) 3 without
the	c being e	ncircled.	
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	11/22/10
The date of each amendment(s) adoption:/	(1/23/01
,	dbte of bdoption is required)
Effective date if applicable:	00 1
(no more in	an 90 days after amendment file date)
Adoption of Amendment(s) (CHEC	K ONE)
☐ The amendment(s) was/were adopted by the mer was/were sufficient for approval.	mbers and the number of votes cast for the amendment(s)
There are no members or members entitled to ve adopted by the board of directors.	ote on the amendment(s). The amendment(s) was/were
Dated 1/23/09 Signature Verneta	J. Coleman
(By the chairman or vice	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or uciary by that fiduciary)
Vernis	ta Y. Coleman
(Typed	or printed name of person signing)
Chairma	n of the Board
	Fitle of person signing)

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