MOMOOPO SA

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	(#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
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SECRETARY &F STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YVONNE	C. REED CHRIS	TIAN SCHOOL, INC
DOCUMENT NUMBER: NO 10000	6029	
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	o the following:	
YVONNE CL. (Name of Con	ntact Person)	
(Firm/ Co	ompany)	
955 20 TH STREE	ET Buth ress)	
ST. PETERSBURG (City/ State as	33712 - 33712	<u>235</u> 0
E-mail address: (to be used fo	r future annual report notificatio	n)
For further information concerning this matter, please ca	II:	
(Name of Contact Person) Enclosed is a check for the following amount made payar	•	
\$35 Filing Fee \$43.75 Filing Fee &	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation

ALECRETSONILLON

;	Articles of Incorpo	ration	745 A	141
(Name of Corporation as			CHOOL, INC.	CORPOR
NO1000060 (Documen	29 t Number of Corporat	ion (if known)		
Pursuant to the provisions of section 617. the following amendment(s) to its Articles		, this <i>Florida Not Fo</i>	r Profit Corporation ado	pts
A. If amending name, enter the new na VONNE The new name must be distinguishable abbreviation "Corp." or "Inc." "Compa	CH121STIA	"corporation" or "	my Talc. incorporated" or the	
B. Enter new principal office address, in (Principal office address MUST BE A ST	f applicable:	955-201	h Street son 33712	v4h
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST C				
D. If amending the registered agent an new registered agent and/or the new			enter the name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Flor	ida street address)	<u> </u>	
		(City)	, Florida (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 obligations of the position.

frome (lay for signature of New Registered Agent, I changing

815h

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>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
E. If amer (attach d	nding or adding additional Art additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		·	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: 926-11
(date of adoption is required)
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
•
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 9/26/11 Signature Thomas C Classifon
(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)
Yonne C. Clayton (Typed or printed name of person signing)
Administrator Owner (Title of person signing)

