NO20000 6133

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Amend.

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COVER LETTER

TO: Amendment Section Division of Corporations

Living Way F	ields of Art Christian Academy, Inc.
N02000006133	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Donald Henderson	
	(Name of Contact Person)
Living Way Fields Of Art Christian Academ	y, Inc.
	(Firm/ Company)
11647 Harts Road	
	(Address)
Jacksonville, Florida 32218	
	(City/ State and Zip Code)
hendon2765@gmail.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
Donald Henderson	904 713-8260 at
(Name of Contact I	
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of S	Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee tatus

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 Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Living Way Fields Of Art Christian Academy, Inc.			
(Name of Corporation as curr	ently filed with the Flo	orida Dept. of State)	
N02000006133			
(Document Nu	mber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:		For Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the corpor	ation:		
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporat		e new Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u> NIP</u>		
Trincipal office address MOST BE A STREET ADDRES	<u></u>		_6_
		TAL.	H-610
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	E AHA!	HAR 28
		985 1971	P
			Ξ
D. If amending the registered agent and/or registered o		ार्ग a, enter the name of the	£
new registered agent and/or the new registered office Name of New Registered Agent:N	E address:		
Nume by New Neglistered Agent.	-		
		Florida street address)	
<u>New Registered Office Address:</u>			
_ μ ・	A (Circle)	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ot the obligations of the position.	
	Signature of New Reg.	istered 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	PT John Doe Y Mike Jones SY Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	D SHELIA RANSOME	11647 Harts Rd
Add		Jacksonville, Ft. 32218
X Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
δ) Change		
Add		
Remove		

emoval of Shelia Ransom	ne as a Director of Livin	g Way Fields Of Art Ch	ristian Academy,(without ca	iuse)
Article 5 Section 4 of BYL	AWS of Living Way Field	is Of Art Christian Acad	demy) and the Board of Dire	ctors.
				
				
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he date of each amendment	(s) adoption:	, if other than the
ate this document was signed		
	03/18/2019	
ffective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes east for the amendment(s) opproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
03/25 Dated	5/2019	
Signature	He had a second a sec	_
	e chairman or vice chairman of the board, president or other officer-if directors	
	not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
other	court appointed fiduciary by that fiduciary)	
Do	onald Henderson	
_	(Typed or printed name of person signing)	
VF	•	
	(Title of person signing)	