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DIVISION C
16 JUL 11 PM 4:44

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2016

YOLONDA CAPERS
LEGACY PREPARATORY ACADEMY, INC.
302 E. LINEBAUGH AVENUE
TAMPA, FL 33612-7425

SUBJECT: LEGACY PREPARATORY ACADEMY, INC.
Ref. Number: N03000006360

We have received your document for LEGACY PREPARATORY ACADEMY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s). *DON 2*

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 116A00013821

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SECRETARY OF CORPORATIONS
16 JUL 11 PM 4:40

16 JUL 11 PM 12:55

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SECRETARY OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LEGACY PREPARATORY ACADEMY INC

DOCUMENT NUMBER: N03000006360

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLONDA CAPERS

(Name of Contact Person)

LEGACY PREPARATORY ACADEMY INC

(Firm/ Company)

302 E LINEBAUGH AVENUE

(Address)

TAMPA, FL 33612-7425

(City/ State and Zip Code)

MPWAITRESS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLONDA CAPERS

813

253-0053

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
16 JUL 11 / PM 4:46

Articles of Amendment
to
Articles of Incorporation
of

LEGACY PREPARATORY ACADEMY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N03000006360

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

302 E. LINEBAUGH AVENUE

TAMPA, FL 33612-7425

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

PO BOX 4729

TAMPA, FL 33677-4729

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

302 E. LINEBAUGH AVENUE

(Florida street address)

New Registered Office Address:

TAMPA

(City)

Florida 33612-7425

(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.

Signature of New Registered Agent, if changing

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16 JUL 11 PM 4:44

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>YOLANDA BAHAM</u>	<u>1202 W. BRADDOCK STREET</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33607</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>TONY ERBEN</u>	<u>DEPT. OF EDN, PH 350, UT</u>
<input checked="" type="checkbox"/> Add			<u>401 W. KENNEDY BLVD.</u>
<input type="checkbox"/> Remove			<u>TAMPA, FL 33606-1490</u>
3) <input type="checkbox"/> Change	<u>VC</u>	<u>GLORIDINE MCNAIR</u>	<u>4321 W. GREEN STREET</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FL 33607</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>GERALDINE V. MCNAIR</u>	<u>4321 GREEN STREET</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33607</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: 6/20/16

Signature Yolonda Capers
(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)

YOLONDA CAPERS

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)