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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dr. Joseph Co	oats Grace Community	y Charter School, In
DOCUMENT NUM	BER: N0400000175		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this matt	ter to the following:	
		Machado	
	(Name of	Contact Person)	
	Dr. Joseph Coats Grace (Community Charter Schol/Company)	ol, Inc.
	(1	, company)	
		ar Ave Suite # 3Address)	
	(,	radioss)	
		es, Florida 33134	
	(City/ Stat	te and Zip Code)	
	jpilar@rene E-mail address: (to be use	egadeinvest.com d for future annual report notif	ication)
For further information	on concerning this matter, please	e call:	
Luis Machado		at (305) 447-17	776
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departme	ent of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & 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 Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions

Articles of Amendment to Articles of Incorporation of

Dr. Joseph Coats Grace Community Charter School, Inc.

(Name of Corporation as currently filed wi	th the Florida Dept. of Stat	<u>(e</u>)	
N040000017	75		
(Document Number of Corpo	oration (if known)		
Pursuant to the provisions of section 617.1006, Florida Statuhe following amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Pr</i>	ofit Corporation adopts	
A. If amending name, enter the new name of the corpora	ntion:		
Palm Glades Charter School	Developers, Inc.		
The new name must be distinguishable and contain the wealth abbreviation "Corp." or "Inc." "Company" or "Co." may		rporated" or the	
B. Enter new principal office address, if applicable:	305 Alcazar Ave Su	305 Alcazar Ave Suite # 3	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Coral Gables, FI		
	33134	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	305 Alcazar Ave Su	ite 3	
	Coral Gables, Fl		
	33134	AH 9	
D. If amending the registered agent and/or registered of		er the marine of the	
new registered agent and/or the new registered office	auuress:		
Name of New Registered Agent:	.,	-	
New Registered Office Address: (F	lorida street address)	_	
<u></u>		_, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I doposition.	d Agent: am familiar with and accep	t the obligations of the	
Signature of N	New Registered Agent, if char	 nging	

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) Address **Type of Action** Title Name ☐ Add ☐ Remove _ 🗖 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: March 31, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) March 31,2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Mar	ch 31,2011
Signature	
(By	the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or
oth	er court appointed fiduclary by that fiduciary)
	Luis Machado
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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