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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	ints Academy, Ir			
NAME OF CORPORATION: N0400	00004871			
DOCUMENT NUMBER:				
The enclosed Articles of Amendmen	and fee are submitte	ed for filing.		
Please return all correspondence con Vivian A. Williams	cerning this matter to	the following:		
	(Na	ime of Contact Perso	n)	
Saints Academy Private Sc	hool			
		(Firm/ Company)		1 14 - F - T - 11 - 11 - 1
3705 N. Apopka-Vineland F	Rd.			
		(Address)		
Orlando, FL 32818				
	(Ci	ty/ State and Zip Coo	le)	· · · · · · · · · · · · · · · · · · ·
vivian1233@gmail.com				
E-mail ac	dress: (to be used for	future annual report	notification	)
For further information concerning t	his matter, please cal	l:		
Vivian A. Williams	·	(4	107) 83-5537	
(Name o	of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following			JA.	
□ \$35 Filing Fee □S43. Cert	ificate of Status C	43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing Address			Address	
Amendment Section of Corne			dment Secti	
Division of Corporations		Division of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Saints Academy, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N04000004871 (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: (Intentionally left blank) 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. (Intentionally left blank) B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Intentionally left blank) (Mailing address MAY BE A POST OFFICE BOX) 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: (Intentionally left blank) Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) 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

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	<u>V</u> <u>Mik</u>	n Doe de Jones v Smith	_
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) ${X}$ Change Add $\left( \sum_{i} \right)$		Larry E. Perkins	P.O. Box 620188 Oviedo, FL 32762
Remove  2) Change Add	D	Anthony S. Turner	1463 Twin Rivers Blvd Oviedo, FL 32766
Remove 3 ) Change X Add Remove	<u>D</u>	Isaiah Landron	1716 Sprucewood Ln Orlando, FL 32818
4) Change Add	<del></del>		28
Remove 5) Change Add			
Remove 6)ChangeAdd	<del></del>		
(attach additional sl	heets, if necessar	Articles, enter change(s) here: v). (Be specific) a board member, generally. He should no	ow be designated chairman of the board.
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The date of each amendment date this document was signed	(Intentionally left blank) t(s) adoption:	, if other than the
	immediately	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	his block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	III not be listed as the
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 1/23/2020
	Signature  (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)
	Vivian A. Williams
	(Typed or printed name of person signing)
	Incorporator and President

(Title of person signing)

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