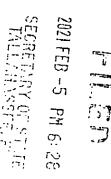
## N05000010294

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City	/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iting Officer:	
	Office Use Onl	



400359587494

02/05/21--01014--029 \*\*35.00



3/26/21

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Covenant Com	nmunity School Inc
N050000010296 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ava Lassiter	
	(Name of Contact Person)
Covenant Community School, Inc	
	(Firm/ Company)
2019 SW Main Blvd	
	(Address)
Lake City, FL 32025	
	(City/ State and Zip Code)
ava@hplumbing.net	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
Ava Lassiter	386 752-5218
(Name of Contact P	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	
Mailing Address	Street Address

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

2021 FEB -5 PM 6: 28

Covenant Community School, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N05000010294 (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: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_\_\_\_, Florida \_\_\_ (City) (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

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: XChange XRemove Add	PT         John D           V         Mike John SV           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
!) Change Add	<u>D</u>	Charles Kalb	215 Kalb Court Lake City, FL 32055
x Remove			
2) Change Add			
Remove 3 ) Remove 4 Add 4 Remove			
4) Change Add	<del> </del>		
Remove			
5) Change Add	<del></del>	<del></del>	
Remove			
6) Change Add			
Remove			
E. <u>If amending or addit</u> (attach additional shee		icles, enter change(s) here: (Be specific)	
		······································	
			<del></del>

			<del></del>				
	·					··· · · · · · · · · · · · · · · · · ·	
							·
		<del></del>			· <u>-</u> · · ·	<del> </del>	<del></del>
		<del></del>			<u> </u>		
				<del></del>			
						· · · · · · · · · · · · · · · · · · ·	
					<del></del>		····
		····		<del></del>		· ·- · · · · · · · · · · · · · · · · ·	<del></del>
		<del> </del>		<del></del>		<del> </del>	
					· · · -		
							<del></del>
The date of each amendment late this document was signed	t(s) adoption:				<u> </u>	<del></del>	, if other than the
iffective date if applicable:	1/1/2021	<del></del>		<del></del>	<del> </del>	- · · · · - · · · · · · · · · · · · · ·	
				r amendment j			
ote: If the date inserted in the comment's effective date on the	is block does : he Department	not meet the of State's r	applicable s ecords.	tatutory filing	requirements	, this date will no	t be listed as the
doption of Amendment(s)	(c	CHECK O	NE)				
l The amendment(s) was/w	ere adopted by	the member	ers and the nu	ımber of votes	cast for the a	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 2/4/2021				
	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)  Cindy Souchek					
	(Typed or printed name of person signing)				
	Executive Director				
	(Title of person signing)				