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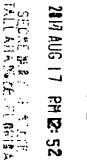
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Amend

AUG 23 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations Christian Homestead NAME OF CORPORATION: __ N05000010311 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vasconcellos Chool @ hcafl. com
-mail address: (10 be used for future annual report notification) For further information concerning this matter, please call: Nicole Vasconcellos (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is 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

Enclosed)

Articles of Amendment

Articles of Amendment to Articles of Incorporation of Homestead Christian Academy Inc. (Name of Corporation as currently filed with the Florida Dept. of State)	1
Articles of Amendment	
to	``~
Articles of Incorporation of	~ \ ~
Homoschand Abrichia a Academie Tun	ž
Homestead Christian Academy, Inc.	63
	في
N05000010311	•
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation: 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)	
NA	
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:	
None of New Projectoral Agents	
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street addres

Florida (Zip Code)

(City)

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 I V Mike SV Sally		
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change Add Remove	D	Sharyn Coner	255 NE 2rd Dr. Homestead FL. 33030
2) Change Add Remove	_D_	Garfield Clarke	255 NE 2rd Dr. Homestead, FL. 33030
3) Change Add Remove	_D	Wayne Rassner	7700 SW 88 St. Suite 509 Migmi, FL 33156
4) Change Add Remove	_D_	Abraham Ziadeh	9000 Sheridan St. Svite 117 Pembroke Pines FL. 33024
5) Change Add Remove			
6) Change Add			
Remove		Dana 2 of 1	

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The date of each amendment(s) adopti	оп: 8	14 17			if other than the
late this document was signed.	أم	(
Effective date if applicable:	(no more than	4 17	er amendment file	date)	
			-		
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the nent of State's re	applicable : cords.	statutory filing req	uirements, this date v	vill not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E</u>)			
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the member	rs and the n	umber of votes cas	t for the amendment	(s)
There are no members or members adopted by the board of directors.	entitled to vote o	n the amen	dment(s). The ame	endment(s) was/were	
Dated 8 14 1	7	//	<u>:</u>		
Signature	Vaicuso	ull	<u>.</u>	····	
				ier officer-if director a receiver, trustee, or	
	inted fiduciary b	•			
/	Vicole Vi	ascon	cellos		-
	(Type	d or printed	name of person s	gning)	
V	ice Cha	irmar]		_
		(Title	of person signing		