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COVER LETTER

TO: Amendment Section Division of Corporations

× NAME OF CORPORATION	CLEWISTON CHRIS		₹C.	
	05000010647			
The enclosed Articles of Amer	adment and fee are subm	itted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
DEBORAH VAN SICKLE				
		Name of Contact Pe	rson)	<u>-</u> .
CLEWISTON CHRISTIAN S	CHOOL, INC			
		(Firm/ Company	·)	
PO BOX 129				
	·	(Address)		
CLEWISTON, FLORIDA 33	140			
	(City/ State and Zip (Code)	
DVANSICKLE@FIRST1BA	NK.COM			
E-r	nail address: (to be used	for future annual rep	ort notification	1)
For further information concer	ming this matter, please o	rali:		
DEBORAH VAN SICKLE		at	863	902-3438
(1	Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida I	Department of	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & 【 Certificate of Status		Certif s Certif	0 Filing Fee leate of Status fied Copy tional Copy is osed)
3.4 197		a.		

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

Articles of Amendment to Articles of Incorporation of

CLEWISTON CHRISTIAN SCHOOL, INC

(Name of Corporation as curre	ently filed with the Florida	Dept. of State)
N05000010647		
(Document Nun	nber of Corporation (if knows	1)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpor:	ation:	
N/A		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u> </u>	
		PEG
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SEP
Sign Day 1 vot Vi 1 v	 	26
		F S 7 2
D. If amending the registered agent and/or registered of		er the name of the
new registered agent and/or the new registered office	address:	7
Name of New Registered Agent: N/A)
	(Florida	street uddress)
New Registered Office Address:		
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		obligations of the position.
	Signature of New Registered	I 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>PT</u> <u>V</u> <u>SV</u>	John Doo Mike Joi Sally Sm	<u>108</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) N/A Change	N/A	_	N/A	 N/A
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	, 			
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) The year end for the organization changed from a calendar year end of December 31st to a fiscal year end of June 30th.				
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	· · · · · · · · · · · · · · · · · · ·			

The date of each amendmen	01/01/2017	if other than the
date this document was signed	tt(s) adoption:	
Effective date if applicable:	04/13/2017	
Enecuve date it appressie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	eptember 21, 2017	
Signature	eloral H. Van Sulle	
have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	EBORAH VAN SICKLE	
	(Typed or printed name of person signing)	
	•	
т	REASURER	
-	(Title of person signing)	