

N07000008571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

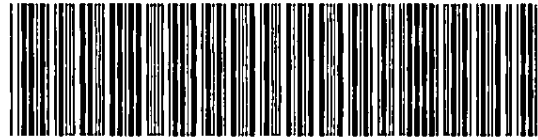
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 29 2022

4/15

Office Use Only



800379594698

RECEIVED

JUL 18 2022

01/19/22--01017--016 **52.50

FILED

2022 APR 15 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 15 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FL

February 4, 2022

SORCHA AUGUSTINE
7226 21ST STREET EAST
SARASOTA, FL 34243 US

SUBJECT: ACADEMY OF CLASSICAL ARTS AND HUMANITIES INC.
Ref. Number: N07000008571

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT, but your entity is a NON-PROFIT. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 022A00002892

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Academy of Classical Arts and Humanities

DOCUMENT NUMBER: NO7000008571

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sorcha Augustine
(Name of Contact Person)

Miano Academy of Art
(Firm/ Company)

5320 Lena Rd Unit 105
(Address)

Bradenton, FL 34211
(City/ State and Zip Code)

info@mianoacademy.org
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Sorcha Augustine at 941-952-8279
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|---|--|

*Already
paid*

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

Academy of Classical Arts and Humanities
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 7000008571

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Miano Academy of Art, Inc
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)

5320 Lena Rd Unit 105
Bradenton, FL 34211

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5320 Lena Rd Unit 105
Bradenton, FL 34211

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:

Sorcha Augustine

1878 University Parkway
(Florida street address)

New Registered Office Address:

Sarasota

(City)

Florida

34243

(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

SECRETARY OF STATE
TALAMON

2022 APR 15 PM 12:16

FILED

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:

| | | |
|--|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe |
| <input checked="" type="checkbox"/> Remove | V | Mike Jones |
| <input checked="" type="checkbox"/> Add | SV | Sally Smith |

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----|------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | D | Deborah Healy | unknown |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | D | Kerny Vasler | 1105 Wamsden Pointe Blvd Valrico, FL 33594 |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | T | Li Volk | 2121 Wood St f123 Sarasota, FL 34237 |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | CEO | Sorcha Augustine | 1878 University Parkway Sarasota, FL 34243 |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

please note our address change
as well as name change
please see previous paper work for
writing if needed.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: immediately
(no more than 90 days after amendment file date)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4-11-22

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)

Sorcha Augustine
(Typed or printed name of person signing)

CEO, Associate Director
(Title of person signing)