N08000001947

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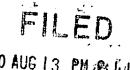
RR 13/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cassels Chris	tian Academy, Inc.	
DOCUMENT NUM	BER: N08000001967		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		ex Green Contact Person)	
	(Name of	Contact Ferson)	
	Cassels Chri	stian Academy, Inc.	
	(Firm	n/ Company)	
	120 Ea	st Call Street	
	(,	Address)	
	Starke,	Florida 32091	
	· 	te and Zip Code)	
		embarqmail.com	
	E-mail address: (to be use	d for future annual report notif	ication)
For further information	on concerning this matter, pleas	e call:	
Lex Green		at (904)_364-80)26
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	ent of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions iter Circle

Articles of Amendment to Articles of Incorporation of



		O HOR 13 M B [4]
Cassels Chri	stian Academy, Inc. 🧠 🖇	CREMARY OF STATE
(Name of Corporation as curre	ntly filed with the Florida Dept.	brache SEE. FLORID,
N080	000001967	
(Document Num	ber of Corporation (if known)	
rsuant to the provisions of section 617.1006, following amendment(s) to its Articles of In		For Profit Corporation ac
If amending name, enter the new name of	the corporation:	
new name must be distinguishable and correviation "Corp." or "Inc." "Company" or		
Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u>		
		
Enter new mailing address, if applicable:	 -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
(Mailing address <u>MAY BE A POST OFFIC</u>	egistered office address in Floric	da, enter the name of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or r	egistered office address in Floric	da, enter the name of the
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Floric	·
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address in Floriostered office address:	·

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PD	Dale Cassels	20370 NW 57th Place Starke, Florida 32091 US	☐ Add ☐ Remove
<u>VPD</u>	Elizabeth R. Cassels	20370 NW 57th Place Starke, Florida 32091 US	□ Add ☑ Remove
<u>D</u>	Leonard R. Johnson	1646 NE 154th Terr Starke, Florida 32091 US	☐ Add ☑ Remove
E 16	. P 1 P 1 P 1 A . C. 1		
(attach	nding or adding additional Articles, of additional sheets, if necessary). (Be	enter change(s) here: specific)	
			
			
			

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Catharine Reddish	21424 NW 74th Ave Starke, Florida 32091 US	☐ Add ☐ Remove
<u>D</u> .	Rhonda Douglas	19400 NW 66th Ave Starke, Florida 32091 US	_ □ Add □ Remove
<u>PD</u>	Leon H. Cassels	440 Audubon Drive Starke, Florida 32091 US	_ ☑ Add □ Remove
E. If amendin	ng or adding additional Articles, enter itional sheets, if necessary). (Be specif		
	. <u> </u>		

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)

<u>Title</u> Name Address Type of Action SD Joan W. Cassels 440 Audubon Drive ✓ Add Tallahassee, Florida 32312 US ☐ Remove Betty C. Cassels D 20391 NW 57th Place _____ 🗹 Add Starke, Florida 32091 US Remove TD Lex Green ___ 🗹 Add 120 East Call Street Starke, Florida 32091 US Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	C. Scott Roberts	986 N Temple Ave Starke, Florida 32091 US	☑ Add □ Remove
<u>D</u>	Curtis A. Sanders	407 West Georgia Street Starke, Florida 32091 US	☑ Add □ Remove
	nding or adding additional Articles, eadditional sheets, if necessary). (Be s		
	, op 0	<u> </u>	

The date of each amendment(s) adoption	n: 7/20/10
	(date of adoption is required)
(no	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)
There are no members or members entiadopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were
Dated august	13, 2010
Signature	Liva H. Carela
(By the chairma have not been s	on or vice chairman of the board, president or other officer-if directors elected, by an incorporator - if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)
	LEUN H.CASSELS
	(Typed or printed name of person signing)
	PRESIBENT / CHAINMAN
	(Title of person signing)

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