N0800006647

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	. / 131
	(Document Number)	326 146 S 45 CB 5
Certified Conies	Certificates of	Status
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Special Instruction	s to Filing Officer:	
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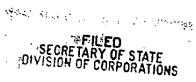
SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Boston Avenu	e Charter School, Inc.	
DOCUMENT NUM	BER: N08000006647		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		as K. Jackson	
	(Name of	Contact Person)	
	Boston Avenue	e Charter School, Inc.	
	(Firm	n/ Company)	
	. 340 North	Boston Avenue	
	(.	Address)	
	Del and	, Florida 32724	
		ite and Zip Code)	
	E-mail address: (to be use	Daoeschools.com ed for future annual report notific	cation)
For further informati	on concerning this matter, pleas	e can:	
Douglas K. Jacks	son .	at (386) 624-69	
. (Name	of Contact Person)	(Area Code & Dayti	ime Telephone Number)
Enclosed is a check t	or the following amount made p	payable to the Florida Departmen	nt 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	 Street Address Amendment Section Division of Corporate Clifton Building 2661 Executive Center Tallahassee, FL 3230 	er Circle

Articles of Amendment to Articles of Incorporation



09 JUL 10 PM 3: 16

	rently filed with the Florida Dept. of S	State)
	3000006647	,
	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 he following amendment(s) to its Articles of I		Profit Corporation adopts
A. If amending name, enter the new name of	of the corporation:	
Volusia Eleme	entary Charter School, Inc.	
The new name must be distinguishable and abbreviation "Corp." or "Inc." <u>"Company"</u>		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE.		
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
New Registered Office Address:	(Florida street address)	
	(0)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.		cept the obligations of the
-	Signature of New Registered Agent, if o	changing

• If athending 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
RA	Micah C. Jackson	340 North Boston Avenue DeLand, Florida 32724	☑ Add □ Remove
RA	David M. Cozad, Esq.	340 North Boston Avenue DeLand, Florida 32724	
			□ Add □ Remove
	nding or adding additional Articles, en additional sheets, if necessary). (Be s		

The date of each amendmen	t(s) adoption: <u>7/06/2009</u>
? Effective date <u>if applicable</u> :	7/6/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Douglas K. Jackson (Typed or printed name of person signing)
	President (Title of person signing)