N08000007045

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SECRETARY OF STATE

Amena C.COULLIETTE

MAR 04 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: NEWPOINT	HILLS HIGH SCHOOL	IL, INC
DOCUMENT NUMBER: ND8D0000	1045	
The enclosed Articles of Amendment and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the fo	llowing:	
CARLA LOVE (Name of Contact Pe	erson)	
NEWPOINT S (Firm/ Company	SCHOOLS	
1515 JUNE (Address)	AVE	
DANAMA CITY, (City/ State and Zip)	FL 32405 Code)	
E-mail address: (to be used for future	annual report notification)	
For further information concerning this matter, please call:		
abneat (&	(Area Code & Daytime Telephone Number)	,
Enclosed is a check for the following amount made payable to t	ne Florida Department of State:	
Certificate of Status Certific	75 Filing Fee & and Copy Sonal copy is ed) Certificate of Statu Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

NEWHOLNT HILLS HIGH S	SCHOOL, INC
(Name of Corporation as currently filed with the FI	orida Dept. of State)
N08000007045	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this the following amendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corpabbreviation "Corp." or "Inc." "Company" or "Co." may not be us	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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	SECRETAIN OF STATE OF STA
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
	NT SCHOOLS
	UNE AVE eet address)
PANAMA (Cii	<u>CITY</u> , Florida <u>3</u> 2405 y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am famili position.	ar with and accept the obligations of the
Signature of New Regis	tered 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>	<u>Address</u>	Type of Action
IR_	MARCUS MAY	Panama City FL 700 W. 23rd St Panama City FL	_
			_
			_
E. If amend	ding or adding additional Articles. dditional sheets, if necessary). (Bo	enter change(s) here: specific)	<u>-</u>
			,
			,
	,		

The date of each am	endment(s) adoption:	1-1-2010
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(date of adoption is required)

Effective date if applicable: 1

1-1-2010

(no more than 90 days after amendment file date)

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

Dated 1/1/2010

Signature

adopted by the board of directors.

(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)

Carla Lovett

(Typed or printed name of person signing)

Director

(Title of person signing)