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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SIS CHRISTIAN ACADEM	Y, INC	
N08000010 DOCUMENT NUMBER:			
The enclosed Articles of Amendment ar	nd fee are submitted for filing	<u>.</u>	
Please return all correspondence concer	ning this matter to the follow	ing:	
SHARON JOHNSON			
	(Name of Con	tact Person)	
	(Firm/ Co	mpany)	
6412 N UNIVERSITY DRIVE SUITE	114		
	(Addr	ess)	
TAMARAC, FL 33321			
	(City/ State an	d Zip Code)	-
MIRAC292@BELLSOUTH.NET			
E-mail addre	ss: (to be used for future ann	ual report notifica	tion)
For further information concerning this	matter, please call:		
SHARON MULLINGS		954 at	804-9376
(Name of C	ontact Person)		e) (Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the FI	orida Department	of State:
■ \$35 Filing Fee □\$43.75 F Certifica	Filing Fee & S43.75 Filin Certified Co (Additional enclosed)	py Cer copy is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is iclosed)
Mailing Address		Street Addres	<u>s</u>

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

GENESIS CHRISTIAN ACADEMY, INC.

22:52 24 77 8:44

GUNESIS CIRCISTIAN ACADEMIT, INC.	24 1 7 8: 11
(Name of Corporation as currently filed with the Flor	
N08000010355	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
JOHNSON & MULLINGS SOCIAL SERVICES, INC	The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	6412 N UNIVERSITY DRIVE
(Principal office address MUST BE A STREET ADDR	SUITE 114
	TAMARAC, FL 33321
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6412 N UNIVERSITY DRIVE
	SUITE 114
	TAMARAC, FL 33321
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	ARON JOHNSON
	2 N UNIVERSITY DRIVE SUITE 114
New Registered Office Address:	(Florida street address)
TAN	MARAC, . Florida 33321
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: un familiar with and accept the obligations of the position.
	Karon thosen
	Signature of New Registered Agent, if changing

Page 1 of 4

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>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>Р</u>	SHARON JOHNSON	6412 N UNIVERSITY DRIVE SUI
Remove			TAMARAC, FL 33321
2) Change Add	VP	KEITH MULLINGS	6412 N UNIVERSITY DRIVE SUI TAMARAC, FL 33321
Remove	PD	JOHN SIMPSON	6635 W COMMERCIAL BLVD SUITE 110 TAMARAC, FL 33321
4) Change Add	SD	FAYNETTE ZACCA	6635 W COMMERCIAL BLVD SUITE 110
× Remove			TAMARAÇ FL 33321
5) Change Add	D	DAWN SIMPSON	6635 W COMMERCIAL BLVD SUITE 110
× Remove			TAMARAC, FL 33321
6) Change Add	<u>T</u>	ALTHEA ESSUE	6635 W COMMERCIAL BLVD SUITE 110
X Remove			TAMARAC, FL 33321
E. If amending or ade (attach additional sh		Page 2 of 4 Articles, enter change(s) here: y). (Be specific)	
ARTICLE III :			
THIS ORGANIZATIO	N WILL PROV	TDE SOCIAL SERVICES TO ALL WHO	ARE IN NEED OF SUCH SERVICES
ARTICLE IV:			
AS PROVIDED FOR I	IN THE BYLAV	VS	

	 -
	
	
	
	
	
	
Page 3 of 4	
The date of each amendment(s) adoption: JANUARY 16, 2020, i	f other than the
date this document was signed.	
Effective date if applicable: JANUARY 16, 2020	
(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 a document's effective date on the Department of State's records.	listed as the
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 memiadopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	JANUARY 16. 2020
Signature	For E. A Simber
(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)
	JOHN SIMPSON
	(Typed or printed name of person signing)
	PRESIDENT DIRECTOR
	(Title of person signing)