## N08000010629

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2010 JUL 30 AH 9: 10
SECRETARY OF STATE
TALLAHASSEE, FLORID,

Amend + Mc

TB

AUG -3 2010

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE BELIEVE	ERS RO	DYAL ACADEI	MY, INC.
DOCUMENT NUMI	BER: N08000010629			
The enclosed Articles	of Amendment and fee are sub	omitted fo	r filing.	
Please return all corre	spondence concerning this mat	ter to the	following:	
	······································	anda Da	<del></del>	
	(Name of	Contact	Person)	
	THE BELIEVERS	ROYAL	ACADEMY, INC	; <b>.</b>
	(Firn	n/ Compai	ny)	
	796 }	Hook Str	eet	
<del></del>	(	Address)		
	Clermon	t Florida	34711	
	(City/ Sta	te and Zi	Code)	
	amandalynn			
	E-mail address: (to be use	ed for futu	re annual report not	ification)
For further informatio	n concerning this matter, pleas	e call:		
Amanda Davis		at (	352 ) 636-6	
(Name	of Contact Person)		(Area Code & Da	ytime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to	the Florida Departr	nent of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filing Fee & fied Copy litional copy is osed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327		Street Address Amendment Section Division of Corpo Clifton Building	on rations

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

# OF State) 2010 JUL 30 AM 9: 10 Of State)

### THE BELIEVERS ROYAL ACADEMY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

### N08000010629

(Document Number of Corporation (if known)

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

		C. 1" or "incorporated" or the
breviation "Corp." or " Inc." <mark>"Company" or "</mark>	<u>'Co." may not be used in ti</u>	<u>ie name</u> .
Enter new principal office address, if applic	able:	
incipal office address <u>MUST BE A STREET</u>	ADDRESS )	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> BOX</u> )	
If amonding the registered agent and/or reg	distance office address in I	Navida antay the name of th
		lorida, enter the name of th
If amending the registered agent and/or reg new registered agent and/or the new registe		Torida, enter the name of th
		lorida, enter the name of th
new registered agent and/or the new registe		lorida, enter the name of th
new registered agent and/or the new registe  Name of New Registered Agent:	red office address:	
new registered agent and/or the new registe  Name of New Registered Agent:  ———————————————————————————————————	red office address:  (Florida street ada	ress)
new registered agent and/or the new registe  Name of New Registered Agent:	red office address:	ress)

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>	<u>Address</u>	Type of Action
<u>D</u>	Marta Hartzog	10528 Spring Lake Drive Clermont, Florida 34711	☑ Add □ Remove
	e enthem to be a control of the cont		Add Remove
E. If amen	nding or adding additional Articlarditional sheets, if necessary).	es, enter change(s) here: (Be specific)	
			-
		·	
			<del></del>

The date of cach amendmen	(s) adoption: <u>07/17/</u>	/10
Effective date <u>if applicable</u> :		date of adoption is required)
	(no more tha	an 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK	<u>CONE</u> )
The amendment(s) was/we was/were sufficient for app		nbers and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		ote on the amendment(s). The amendment(s) was/were
Dated_07/1	7/10	
Signature_	ame	enda Davis
(By	e not been selected, by	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, outliery by that fiduciary)
	,	Amanda Davis
	(Typed o	or printed name of person signing)
		President
	(T)	itle of person signing)

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