N09000001642

(Req	uestor's Name)	
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SECKETARY OF STATE

Amend & MC

TB

JUN 2 1 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: St. Lavere's P	reparatory School, Inc.	
DOCUMENT NUM	IBER: N09000001642		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		a Jackson-Gaines	
•	(Name of	Contact Person)	
	St. Lavere's	Prep School, Inc.	
	(Firm	n/ Company)	
·	89 S. Charles Ric	hard Beall Blvd. Suite B	
	(Address)	
	Deba	ry, Fl. 32713	
	(City/ Sta	ite and Zip Code)	
		s@yahoo.com ed for future annual report notific	ation)
For further informati	on concerning this matter, pleas	e call:	
Dr. Cappila Jack	son-Gaines	at (407) 456-566	33
(Name	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount made	payable to the Florida Departmen	t of State:
	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is	□ \$52.50 Filing Fee Certificate of Status Certified Copy
-	•	enclosed)	(Additional Copy is enclosed)
Ame Divi	ting Address endment Section sion of Corporations	Street Address Amendment Section Division of Corporati	ons
	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Cente Tallahassee, FL 3230	

Articles of Amendment Articles of Incorporation of

FILED	
JUN 18	
SECRETARY OF STAR	ļ

St. Lavere's Preparatory School, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N09000001642

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statute	es, this Florida Not For Profit Corporation adopts		
the following amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corporat	ion:		
St. Michael School of Arts.	Inc.		
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." "Company" or "Co." may n			
B. Enter new principal office address, if applicable:	89 S. Charles Richard Beall Blvd.		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Suite B		
	Debary, Fl. 32713		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered offi	re address in Florids' enter the name of the		
new registered agent and/or the new registered office a			
Name of New Registered Agent: Dr. Cap	oila Jackson-Gaines		
89 S. Charl	es Richard Beall Blvd. Suite B		
	orida street address)		
	Debary , Florida 32713		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I an	Agent: n familiar with and accept the obligations of the		
position.	Registered Agent, if changing		

Page 1 of 3

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>`itle</u>	Name	•	Address	:	Type of Action
/P	Kaleah S. Gaines	St. Laver) 133 Estate:	s Circle	□ Add
		Prep	Lake Mary	· · · · · · · · · · · · · · · · · · ·	☑ Remove
,.· ⊃	X '0	4 •			-
<u> </u>	Dr. Cappila Jackson	-Gaines	89 S. Ch	aries Richard Beal	☐ Add
			Suite B	Fl. 32713	☐ Remove
		*			
·					☐ Add ☐ Remove
		-			-
If amending	or adding additional Ar	ticles, enter c	hange(s) her	<u>re</u> :	
(attach addit	ional sheets, if necessary).	(Be specific	<i>3</i>) '	;	
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	•	<i>:</i> .	:		

The date of each amendmen	t(s) adoption: 01/12/2010
Effective date <u>if applicable</u> :	01/12/2010 (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.
Dated 01/1	2/2010
Signature	Kalah Garies
(B)	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee er court appointed fiduciary by that fiduciary)
	Kaleah S. Gaines
	(Typed or printed name of person signing)
	Vice President (VP)
	(Title of person signing)

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