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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

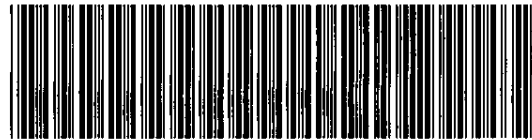
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amers*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*7-2-3-4*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Family Christian Academy PTO, Inc.

**DOCUMENT NUMBER:** N09000008239

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Pullin

(Name of Contact Person)

Family Christian Academy PTO, Inc.

(Firm/ Company)

15060 Old Cheney Highway

(Address)

Orlando, FL 32828

(City/ State and Zip Code)

artisticsugar@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Pullin

(Name of Contact Person)

at ( 407 ) 568-9837

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Family Christian Academy Parent Teacher Organization, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000008239

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Elizabeth Pullin

New Registered Office Address:

15060 Old Cheney Highway

(Florida street address)

Orlando

(City)

Florida 32828

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing



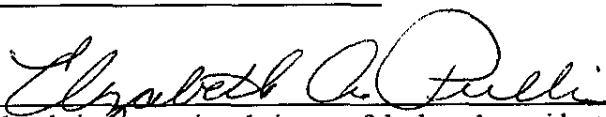
The date of each amendment(s) adoption: 07/01/2011

Effective date if applicable: 07/01//2011 *(date of adoption is required)*  
*(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 adopted by the board of directors.

Dated 07/01/2011

Signature   
(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)

Elizabeth Pullin  
(Typed or printed name of person signing)

President  
(Title of person signing)

*parent  
submit  
organization*

**FAMILY CHRISTIAN ACADEMY PTO ADDITIONAL PAGE**

**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)*

**Title Name Address Type of Action**

Pres	Elizabeth Pullin	15060 Old Cheney Highway Orlando, FL 32828	X Add
VP	Kim Newcomb	15060 Old Cheney Highway Orlando, FL 32828	X Add
Treas	Jennifer Michi	15060 Old Cheney Highway Orlando, FL 32828	X Add