

10/02/2019 14:41 FAX
9/25/2019

Division of Corporations

10/02/2019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000286736 3)))



H190002867363ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: **CGC@TRIPPSCOTT.COM**

COR AMND/RESTATE/CORRECT OR O/D RESIGN
FLORIDA CHARTER SCHOOL ALLIANCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2019 OCT -2 PM 3:40

2019 OCT -2 AM 10:59

FILED

10/02/2019 WED 14:42 FAX
850-817-6381

10/2/2019 10:18:18 AM PAGE 1/001 Fax Server

002/006



October 2, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA CHARTER SCHOOL ALLIANCE, INC.
1750 NE 167TH STREET
NORTH MIAMI BEACH, FL 33182

SUBJECT: FLORIDA CHARTER SCHOOL ALLIANCE, INC.
REF: N10000002606

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H19000266736
Letter Number: 219A00020257

(CORRECTED ARTICLES
ATTACHED)

OCT -2 PM 3:39

Articles of Amendment
to
Articles of Incorporation
of

2019 OCT -2 AM 11:00

FLORIDA CHARTER SCHOOL ALLIANCE, INC.

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

N10000002606

(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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	LAUREN HOLLANDER	P & T CONSTRUCTION 4500 PGA BLVD. #302 PALM BCH GARDENS, FL 33418
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	THOM JACKSON	EDISON LEARNING 1 E. BROWARD BLVD. #1111 FT. LAUDERDALE, FL 33301
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	DR. JILA REZAIE	MIAMI COMMUNITY CENTER 18720 SW 352 STREET FLORIDA CITY, FL 33034
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	MIKE STRADER	CHARTER SCHOOL ASSOC. 5471 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.


Effective date if applicable: _____
(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 listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 24, 2019 _____

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)

JONATHAN K. HAGE

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)