

N10000003463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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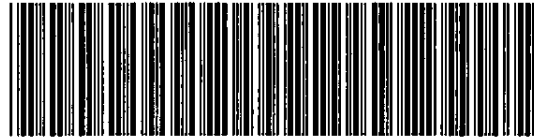
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Dec

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Knox Academy Corporation

**DOCUMENT NUMBER:** N10000003463

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

Please return all correspondence concerning this matter to the following:

GAYLE LONG

\_\_\_\_\_  
(Name of Contact Person)

KNOX ACADEMY CORPORATION

\_\_\_\_\_  
(Firm/ Company)

6211 BRIARCLIFF ROAD

\_\_\_\_\_  
(Address)

FORT MYERS, FLORIDA 33912

\_\_\_\_\_  
(City/ State and Zip Code)

GAYLE677@GMAIL.COM

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

For further information concerning this matter, please call:

GAYLE LONG

239

994-9601

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2016

GAYLE LONG  
6211 BRIARCLIFF ROAD  
FT. MYERS, FL 33912

SUBJECT: KNOX ACADEMY CORPORATION  
Ref. Number: N10000003463

We have received your document for KNOX ACADEMY CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carol Mustain  
Regulatory Specialist II

Letter Number: 916A00023250

Articles of Amendment  
to  
Articles of Incorporation  
of

KNOX ACADEMY CORPORATION

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

N10000003463

(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:**

SAME.

*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**)

SAME

6211 BRIARCLIFF ROAD

FORT MYERS, FLORIDA 33912

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME

6211 BRIARCLIFF ROAD

FORT MYERS, FLORIDA 33912

**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:

SAME. = GAYLE LONG

6211 BRIARCLIFF ROAD

(Florida street address)

New Registered Office Address:

FORT MYERS

(City)

Florida 33912

(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.

*Same - Gayle Long*  
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	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>PCEO</u>	<u>GAYLE LONG</u>	<u>6211 BRIARCLIFF ROAD</u>
<input type="checkbox"/> Add			<u>FORT MYERS, FLORIDA</u>
<input type="checkbox"/> Remove			<u>33912</u>
2) <input checked="" type="checkbox"/> Change	<u>VD</u>	<u>MARCUS RODRIGUEZ</u>	<u>6211 BRIARCLIFF ROAD</u>
<input type="checkbox"/> Add			<u>FORT MYERS, FLORIDA</u>
<input type="checkbox"/> Remove			<u>33912</u>
3) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>DR. DIAN EDWARDS</u>	<u>6211 BRIARCLIFF ROAD</u>
<input type="checkbox"/> Add			<u>FORT MYERS, FLORIDA</u>
<input type="checkbox"/> Remove			<u>33912</u>
4) <input type="checkbox"/> Change	<u>S</u>	<u>HOLLY ZYHER</u>	<u>6211 BRIARCLIFF ROAD</u>
<input type="checkbox"/> Add			<u>FORT MYERS, FLORIDA</u>
<input checked="" type="checkbox"/> Remove			<u>33912</u>
5) <input type="checkbox"/> Change	<u>C</u>	<u>PAULA HOUGHTON</u>	<u>6211 BRIARCLIFF ROAD</u>
<input type="checkbox"/> Add			<u>FORT MYERS, FLORIDA</u>
<input checked="" type="checkbox"/> Remove			<u>33912</u>
6) <input type="checkbox"/> Change	<u>C</u>	<u>DAN LONG</u>	<u>6211 BRIARCLIFF ROAD</u>
<input type="checkbox"/> Add			<u>FORT MYERS, FLORIDA</u>
<input checked="" type="checkbox"/> Remove			<u>33912</u>

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

X= REMOVE T PAMELA RODRIGUEZ 6211 BRIARCLIFF ROAD. FORT MYERS.FLORIDA 33912

The date of each amendment(s) adoption: OCTOBER 28, 2016, if other than the date this document was signed.

Effective date if applicable: OCTOBER 28, 2016  
(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 11/22/2016

Signature Gayle Long  
(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)

GAYLE LONG

(Typed or printed name of person signing)

PRESIDENT/CEO KNOX ACADEMY CORPORATION

(Title of person signing)