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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	OF CORPORATION:					
DOCUMENT NUMBER:		N10000004600				
The enclosed Articles of An	nendment and fee are subn	nitted for filing.			-	
Please return all corresponde	ence concerning this matter	r to the following:				
Melissa Gross-Arnold, Esq.						
		(Name of Contact	Person)	_		
The Arnold Law Firm						
		(Firm/ Compa	any)			
6279 Dupont Station Court						
		(Address)				,
Jacksonville, FL 32217						
	(City/ State and Z	ip Code)			
melissa@arnoldlawfirmllc.c	com	,				
	-mail address: (to be used	for future annual	report notif	ication))	
For further information conc	erning this matter, please of	call:				
Melissa Gross-Arnold			904 at		731-3800	
	(Name of Contact Person)		(Area C	ode)	(Daytime Telephor	e Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florid	a Departme	ent of S	tate:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing For Certified Copy (Additional copy enclosed)	y is	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)	

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

Pinellas Westcoast Academies, Inc.

(Name of Corporation as curi	rently filed with	the Florida Dept. of State)
N10000004		
(Document Nu	mber of Corporat	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:		la Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpo	pration" or "inco	The new orporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		- F
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>55</u>)	,
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic		Florida, enter the name of the
Name of New Registered Agent:		
		72. N
New Registered Office Address:		(Florida street address)
	(City)	(Žip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		nd accept the obligations of the position.
	Cian dina aCM	ou Pacistared 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: X_Change X_Remove X_Add	<u>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Chris Wenzel	511 41st Ave. S
Add			St. Petersburg, FL 33705
X Remove			
2) X Change	ST	Debbie Peterson	21810 US Hwy 19 N
Add			Clearwater, FL 33765
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:		_, if other than the	
Eff	ective date if applicable:		
	(no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	e listed as the	
Ađe	option 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 $\frac{7/25/2016}{2000}$		
	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)	•	
	JACK EICHERT		
	(Typed or printed name of person signing)		
	CHAIRMAN		
	(Title of person signing)		