# NI1000001748

(Re	equestor's Name)				
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(Cit	ry/State/Zip/Phone	<b>≥</b> #)			
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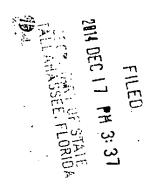
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12 /19/14

#### COVER LETTER

Division of Corporations Green Apple Association of Christian Schools, Inc. NAME OF CORPORATION: N11000001748 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Freda Stevens (Name of Contact Person) Green Apple Association of Christian Schools, Inc. 4611 S. University Drive Suite 406 (Address) Davie, Florida 33328 (City/ State and Zip Code) fstevens@gaacs.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Freda Stevens (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

**Mailing Address** 

TO: Amendment Section

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

Street Address

(Additional copy is

enclosed)

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

Certified Copy (Additional Copy is

Enclosed)

#### Articles of Amendment to Articles of Incorporation

FILED.

### Green Apple Association of Christian Schools, Inc.

2014 DEC 17 PM 3: 37

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

N11000001748

TALL AHASS

(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:

reen Apple Accreditation of Child	<del>-</del>	_T
me must be distinguishable and contain the word "corpo tompany" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." o	r
Enter new principal office address, if applicable:	7900 Nova Drive	
rincipal office address <u>MUST BE A STREET ADDRES</u>	Suite 209	
	Davie, Florida 33324	-
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		-
(Mailing address MAY BE A POST OFFICE BOX)		-
(Mailing address MAY BE A POST OFFICE BOX)		-
If amending the registered agent and/or registered of		-
If amending the registered agent and/or registered of new registered agent and/or the new registered office		·
If amending the registered agent and/or registered of		-
If amending the registered agent and/or registered of new registered agent and/or the new registered office.  Name of New Registered Agent:		-
If amending the registered agent and/or registered of new registered agent and/or the new registered office	e address:	-

Page 1 of 4

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) To provide accreditation, certification, membership, and training to: a.) After School Programs b.) Behavioral Health Programs c.) Charter Schools d.) Child Care Centers and Early Learning Programs e.) Private Schools f.) Professionals in the field of Health and Human Services Provide advocacy, support, and resources for members and stakeholders .

	date of each amendmen		, if other than the	
date this document was signed.  Effective date if applicable: December 31, 2014				
		(no more than 90 days after amendment file date)		
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )		
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.		
	There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.		
	Dated De	cember 12, 2014		
	Signature <			
	have i	e 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, or court appointed fiduciary by that fiduciary)		
	Freda	Stevens		
		(Typed or printed name of person signing)		
	Preside	ent		
		(Title of person signing)		