

N11000009962

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Consortium of Leadership Academies, INC

DOCUMENT NUMBER: N11000009962

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

Please return all correspondence concerning this matter to the following:

Tonya A. Deal
(Name of Contact Person)

tdeal, llc
(Firm/ Company)

5096 Northern Lights Drive
(Address)

Greenacres, FL 33463
(City/ State and Zip Code)

tadeal@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya A. Deal at (561) 389.9959
(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 checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2011

TONYA A. DEAL
5096 NORTHERN LIGHTS DRIVE
GREENACRES, FL 33463

SUBJECT: FLORIDA CONSORTIUM OF LEADERSHIP ACADEMIES, INC.
Ref. Number: N11000009962

We have received your document for FLORIDA CONSORTIUM OF LEADERSHIP ACADEMIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 411A00024904



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2011

TONYA A. DEAL
5096 NORTHERN LIGHTS DRIVE
GREENACRES, FL 33463

SUBJECT: FLORIDA CONSORTIUM OF LEADERSHIP ACADEMIES, INC.
Ref. Number: N11000009962

We have received your document for FLORIDA CONSORTIUM OF LEADERSHIP ACADEMIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

The titles "Mr" and "Ms" are not acceptable titles. Please be very specific in who is being added or remove as officers/directors

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 011A00025573

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA CONSORTIUM OF LEADERSHIP ACADEMIES, INC.

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

(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)

_____, Florida
(City) (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

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TALLAHASSEE FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
<u>1)D</u>	<u>Jose Loreda, Esq.</u>	<u>4000 International Place</u> <u>100 SE Second Street</u> <u>Miami, FL 33131</u>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
<u>2)D</u>	<u>Carla Schneider</u>	<u>215 NE 16th Avenue</u> <u>Apartment 203</u> <u>Ft. Lauderdale, FL 33301</u>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
<u>3)D</u>	<u>Dr. Anthony Allen</u>	<u>7060 Old Orchard Way</u> <u>Boynton Beach, FL 33436</u> <u>Boynton Beach, FL 33436</u>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
<u>4)D</u>	<u>Gina Owens</u>	<u>2827 Helm Court</u> <u>Apartment 205</u> <u>Lantana, FL 33462</u>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
<u>5)D</u>	<u>Jeffrey Hargett</u>	<u>1020 Southern Oak Lane</u> <u>Apoka, FL 32712</u>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
<u>6)D</u>	<u>Hudie Stone</u>	<u>533 Peterson Place</u> <u>Orlando, FL 32805</u>	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove

The date of each amendment(s) adoption: October 18, 2011

(date of adoption is required)

Effective date if applicable: _____

(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 October 22, 2011

Signature

Steve Gallon

(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)

Dr. Steve Gallon, III

(Typed or printed name of person signing)

President

(Title of person signing)