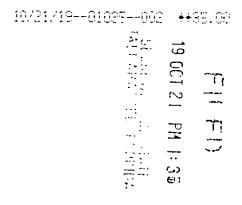
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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: MASON CLASSICAL ACADEMY INC
DOCUMENT NUMBER: N1200006571
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD MOORE (Name of Contact Person)
(Name of Contact Person)
MASON CLASSICAL ACADEMY INC
(Firm/ Company)
3073 S. HURSESHOE DRIVE
(Address)
NAPLES FL 34104 (City/State and Zin Code)
(City/ State and Zip Code)
RMOORE & MASON ACADEMY. (om 12-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARO MODICE at 239 206 - 2590 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation

of

MASON CLASSI	CAL ACAD	EMY INC			
(Name of Corporation as curre	ntly filed with the Flor	ida Dept. of State)	,		
N1200	00006571				
	ber of Corporation (if k	nown)			
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation	adopts th	e follov	wing
A. If amending name, enter the new name of the corpora	tion:				
A 1 /A				The .	11 (1) L'
name must be distinguishable and contain the word "corpore" (Company" or "Co." may not be used in the name.	ation" or "incorporated	" or the abbreviatio	n "Corp."	or "In	ic.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A			·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A				
			$\Xi_{\mathfrak{A}}$	10	—
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		enter the name of t	he	001 2	*****
	<u>auuress.</u>		;		
Name of New Registered Agent: Name of New Registered Agent:	1		•		
	(Fl.	orida street address)	- <u>53.5</u>	 ω	
<u>New Registered Office Address:</u>	/ A		•	.	
-N/	(City)	, Florid (Zij	da o Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the obligations of the	e position		
N/A					
	Signature of New Regist	ered Agent, if change	ing		

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 Mik</u>	n Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	PEARLINE FOSTER	650 WICKHAM STREET NAPLES, FL 34104
2) Change Add Remove	D	CONRAQ WILLKOMM	3201 TAMIAMI TRAIL NONTH NAPLES, FL 34103
3) Change Add Remove			19 C
4) Change Add Remove			0CT 21 FM 13
5) Change Add Remove			<u> </u>
6) Change Add Remove			

E. If amending or adding additional Articles, ento (attach additional sheets, if necessary).—(Be spe	reifie)	_		
NA				
				
	 			
				
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				19 007
		·	·	19 OCT 21
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	ption:		if other than the
late this document was signed.			
Effective date <u>if applicable</u> :	(no more than 90 days after amendme		
	(no more than 90 days after amendme	ent file date)	
Note: If the date inserted in this blo document's effective date on the Dep	k does not meet the applicable statutory filit artment of State's records.	ng requirements, this date will not be	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ad was/were sufficient for approva	pted by the members and the number of vo	tes cast for the amendment(s)	
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). These s.	he amendment(s) was/were	
, .	19		
	nan or vice chairman of the board, president is elected, by an incorporator – if in the han		
	opointed fiduciary by that fiduciary)	ids of a receiver, trustee, of	
	Kelly Lichter		
	(Typed or printed name of per	rson signing)	
	President	<u> </u>	
	(Title of person sig	gning) 27 0CT 20	
		- PH 1: 3	・フ