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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| Florida Cultura NAME OF CORPORATION: | l Education Alliance, Inc | | |
|--|---|--------------------------------|--|
| N12369 DOCUMENT NUMBER: | | | • |
| The enclosed Articles of Amendment and fee ar | | | |
| Please return all correspondence concerning this | • | | |
| Jennifer N. Jones | | | |
| | (Name of Contact I | Darcant | |
| | (Name of Confact) | Cisony | |
| Florida Cultural Education Alliance, Inc | | | |
| | (Firm/ Compar | ıy) . | |
| 720 Main Street | | | |
| | : (Address) | • | |
| Chipley, FL 32428 | | • | |
| | (City/ State and Zip | Code) | ······ |
| info@flca.net | | | |
| E-mail address: (to be | used for future annual re | port notificatio | n) |
| For further information concerning this matter, p | dease call: | | |
| Jennifer N. Jones | а | 850 t | 319-6993 |
| (Name of Contact P | | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount ma | ade payable to the Florida | Department of | State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta | e & S43.75 Filing Fed atus Certified Copy (Additional copy enclosed) | Certif is Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing Address Amendment Section | | treet Address mendment Sect | ion |
| Division of Corporations | D | ivision of Corp | orations |
| P.O. Box 6327 | T | he Centre of T | `allahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



| Florida Cultural Education Alli | ance, INC | -0 -14 |
|---|---------------------------------------|---------------------------------------|
| (Name of Corporation as currently filed with the Florid | la Dept. of State) | |
| N12369 | | |
| (Document Nu | mber of Corporation (if know | n) |
| Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation: | tutes, this <i>Florida Not For Pr</i> | ofit Corporation adopts the following |
| A. If amending name, enter the new name of the corpo | ration: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. | oration" or "incorporated" or | |
| D. Estan now principal office address if applicable. | N/A | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE | <u>SS</u>) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| D. If amending the registered agent and/or registered | | er the name of the |
| new registered agent and/or the new registered office Name of New Registered Agent: | e address: | - |
| <u>New Registered Office Address:</u> | (Florida | street address) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an | | obligations of the position. |
| | 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: X Change X Remove X Add | <u>V</u> <u>Mike</u> | Doc 2 Jones 2 Smith | |
|--|----------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>Pres</u> | Sherron Long | 5600 N FLAGLER DR WEST PALM BEACH, FL 33407 |
| x Remove 2) Change Add | Bd Mem | Rena Blades | 601 Lake Avenue Lake Worth, FL 33460 |
| x Remove 3) x Change Add Remove | Bd Mem | Jennifer Jones fr Bd Mem to Pres | 720 Main Street Chipley, FL 32428 |
| 4) Change Add | | · | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| Remove . E. <u>If amending or ado</u> (attach additional sh | | Page 2 of 4 rticles, enter change(s) here:). (Be specific) | |
| N/A | | | |
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| The date of each amendment(c) adoption: | | if other does |
| The date of each amendment(s) adoption:date this document was signed. | | , if other than (|
| Effective date if applicable: | | |
| (no more than | 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the | applicable statutory filing requirement | ents, this date will not be listed as the |
| document's effective date on the Department of State's r | ecords. | |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| 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 /2/4/19 | | | |
| 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) | | | |
| Jennifer N. Jones (Typed or printed name of person signing) | | | |
| President/CEO | | | |

Page 4 of 4

(Title of person signing)