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**COVER LETTER**

· **TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Montessori Charter Academy, Inc.

**DOCUMENT NUMBER:** N13000004967

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

Please return all correspondence concerning this matter to the following:

Hilary Bowman

(Name of Contact Person)

Montessori Charter Academy

(Firm/ Company)

415 Alexandria Place Dr

(Address)

Apopka, FL 32712

(City/ State and Zip Code)

montessoricharteracademy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilary Bowman

(Name of Contact Person)

at ( 407 ) 756-0902

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Montessori Charter Academy, Inc.

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

N13000004967

(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: Hilary Bowman

415 Alexandria Place Dr

(Florida street address)

New Registered Office Address:

Apopka

(City)

Florida 32712

(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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(Attach additional sheets, if necessary)

*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.*

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	<u>SV</u>	Sally Smith

**Title**

Name

Address

1) <input type="checkbox"/> Change	<u>VP</u>	<u>William Orris</u>	<u>328 Winding Cove Ave</u>
<input type="checkbox"/> Add			<u>Apopka, FL 32703</u>
<input checked="" type="checkbox"/> Remove			

2) <input type="checkbox"/> Change	<u>VP</u>	<u>Karen Swan</u>	<u>375 Emerson Place</u>
<input type="checkbox"/> Add			<u>#514</u>
<input checked="" type="checkbox"/> Remove			Altamonte Springs, FL 32701

3 ) <u>    </u> Change	<u>VP</u>	<u>Kim Minors</u>	<u>7818 Bear Claw Run</u>
<u>X</u> Add			<u>Orlando, FL 32825</u>
<u>    </u> Remove			

4) <u>    </u> Change	<u>D</u>	<u>Cedric Knight</u>	<u>414 Alexandria Place Dr</u>
<u>X</u> Add			<u>Apopka, FL 32712</u>
<u>    </u> Remove			

5) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

6) \_\_\_\_\_ Change  
\_\_\_\_\_ Add  
\_\_\_\_\_ Remove

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 1/17/14

Signature Hilary Bowman  
(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)

Hilary Bowman

(Typed or printed name of person signing)

President

(Title of person signing)