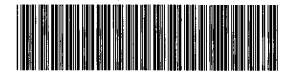
N13000010575

(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





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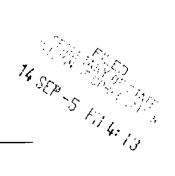
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: St. Cloud	Preparator	y Academy, Inc.	
DOCUMENT NUMBER: N13000010	575		
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Melissa Gross-Arnold, E	sq.		
	(Name of Contact Perso	n)	
The Arnold Law Firm			
	(Firm/ Company)		
6279 Dupont Station Co.	urt		
(Address)			
Jacksonville, FL 32217			
	(City/ State and Zip Coo	le)	
melissa@arnoldlawfirmllc.com E-mail address: (to be used for future annual report notification)			
·	•	nouncation)	
For further information concerning this matter, please			
Melissa Gross-Arnold	_{at} 904	731-3800	
(Name of Contact Person)		ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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

Articles of Amendment to Articles of Incorporation of



	of
St. Cloud Preparatory Academy, Inc.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N13000010575	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1301 Progress Lane
(Principal office address MUST BE A STREET ADDRESS	St. Cloud, FL 34769
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3201 Budinger Ave.
<u> </u>	St. Cloud, FL 34769
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
· · · · · · · · · · · · · · · · · · ·	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	

Page 1 of 4

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	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Verna Grizzle	2000 Eving Circle
Add			Unit 305
X Remove			Ocoee, FL 34761
2) Change	<u>D</u>	David Cleveland	3833 Creek Bed Circle
Add			St. Cloud, FL 34769
X Remove			
3) Change	_D	Kathryn Shirah	3755 Lake Tohopekaliga Road
Add			St. Cloud, FL 34771
X Remove			
4) Change	<u>s</u>	Brittany Overstreet	4851 Joe Overstreet Road
X Add			Kenansville, FL 34739
Remove			
5) Change		Carla Oakley	1610 Massachusetts Ave.
X Add			St. Cloud, FL 34769
Remove			<u> </u>
6) Change	D	Noel Myerson	3918 Cedar Hammock Ter.
X Add			St. Cloud, FL 34772
Remove		Page 2 of 4	

E. <u>If s</u> (att	amending or adding additional Art ach additional sheets, if necessary).	cles, enter change (Be specific)	e(s) here:		
					
<u>.</u> .			·		
•••			·		
		<u> </u>			
	<u>,</u>			······································	
		<u>.</u>			
					······································
					<u> </u>

The date of each amendment(s) ad	option; 9-2-14	, if other than the
date this document was signed. Effective date if applicables	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHRCK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment.	ent(s)
There are no members or members adopted by the board of directs	oors entitled to vote on the amendment(s). The amendment(s) was/was.	ac
Dated Signature	2/2014 Mille 1/10/2	
(By the chair have not be	than or vice chairmen of the board, president or other officer-if direct on selected, by an incorporator — if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	tora or
Rebecca (Giles	
President	(Typed or printed name of person signing)	
	(Title of person strains)	

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