## N130000/11/01

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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3FCREIARY OF STATE

FLED

C. LEWIS

JUN 1 7 2014

EXAMINER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Francis M	arion Char	ter School, Inc.
DOCUMENT NUMBER: N13000011	101	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Charles de Menzes		
(	Name of Contact Perso	n)
Francis Marion Charter S	chool, Inc.	
	(Firm/ Company)	1/1/199
3443 SW 20th Street		
	(Address)	
Ocala, FL 34474		
(	City/ State and Zip Coo	le)
Charlie@altfo.com		
E-mail address: (to be used t	for future annual report	notification)
For further information concerning this matter, please c	all:	
Charles de Menzes	<sub>at</sub> 352	843-7790
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	artment of State:
■ \$35 Filing Fee	2\$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	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

APPROVEU AND FILED

## Articles of Amendment to Articles of Incorporation of

14 JUN -3 AM 10: 26

SECRETARY OF STATE
TALL AHASSEE, FLORID:

(Name of Corporation as currently filed with the Florida Dept. of State)  N13000011101  (Document Number of Corporation (if known)  Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	<del></del>
(Document Number of Corporation (if known)  Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> amendment(s) to its Articles of Incorporation:	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> amendment(s) to its Articles of Incorporation:	
amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	adopts the following
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.	i "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling address MAT BE A POST OFFICE BOX)	
	<del></del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	16
new registered agent and/or the new registered office address:	_
Name of New Registered Agent:	
(Florida street address)	
New Registered Office 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	

Page 1 of 4

## 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 te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	FUREY, TYKE	18293 SW 75th LOOP
Add X Remove			DUNNELLON, FL 34432
2) Change	DIR	Popeil, Kathy	6795 SW 18th Terr Rd Ocala, FL 34476
X Add Remove 3) Change			
Add			
4) Change Add			
Remove  5) Change Add			
Remove			
6) Change Add		. 61 .	
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
·	



The	e date of each amendment e this document was signed	(s) adoption: April 1, 2014	14 JUN -3 NM 10: 26	, if other than the
Effe	ective date <u>if applicable</u> :	April 1,2014  (no more than 90 days	SFURLIARY OF SMIT after amendmentalite date) SSLF FLORIDA	_
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )		
	The amendment(s) was/w was/were sufficient for ap		e number of votes cast for the amendment(s)	
	There are no members or adopted by the board of o		endment(s). The amendment(s) was/were	
	Dated Apr	il 1, 2014		
	Signature	Hally de TT	lewy	
	(By the		oard, president or other officer-if directors r – if in the hands of a receiver, trustee, or auciary)	
	Charles	s deMenzes		
		(Typed or printed name of pe	rson signing)	
	Chairm	an		
		(Title of person sig	ening)	