(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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School, Inc.			_
tted tor triing.			
to the following:			
Name of Contact Pe	rson)		_
(Firm/ Company)		_
(Address)			_
City/ State and Zip C	Code)		
or future annual repo	ort notification)	_
ill:			
at	813	384-7555	
··· -	(Area Code)	(Daytime Telephone Number)	
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	tted for filing. to the following: (Address) City/ State and Zip Corr future annual reportion of the Florida Distance of Copy (Additional copy is enclosed)	tted for filing. to the following: Name of Contact Person) (Firm/ Company) (Address) City/ State and Zip Code) Or future annual report notification II: 813 (Area Code) ble to the Florida Department of States and Copy Certification (Additional copy is certification (Additional copy is certification) (Address Amendment Section (Address (Address Amendment Section (Address (Addres	tted for filing. to the following: Vame of Contact Person

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Excelsior Prep Charter School, Inc.		2018 AUG 20 PM 1: 39
(Name of Corporation as o	currently filed with the Florida D	lent, of State)
N14000007158		SECRETARY OF STATE TALLAHASSEE, FI
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or	The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		the name of the
Name of New Registered Agent:		
New Registered Office Address:	H lorida s	treet address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the or	bligations 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>Mik</u>	<u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>C</u>	Kathy Hershelman	c/o Bower Rodriguez PA
Add			601 N Ashley Dr #310
X Remove			Tampa F1. 33602
2) Change	D	Sean Franklin	c/o Bower Rodriguez PA
X Add			601 N Ashley Dr #310
Remove			Tampa FL 33602
3) $\frac{\lambda}{2}$ Change	C	Matthew Schabath	c/o Bower Rodriguez PA
Add			601 N Ashley Dr #310
Remove			Tampa FL 33602
4) Change	ST	Juan Lopez	c/o Bower Rodriguez PA
Add			601 N Ashley Dr #310
Remove			Tampa FL 33602
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 O7/18/2018 Dated O7/18/2018 Dated O7/18/2018 O7/18/2018 Dated O7/18/2018 O7/18/2018 Dated O7/18/2018 Dated O7/18/2018 O7/18/2018 Dated O7/18/2018 O7/18/2018 Dated O7/18/2018 O7/18/2018 Dated O7/18/2018 O7/18/2018 O//18/2018 O//18/2018 Dated O//18/2018 Dated O//18/2018 O//18/2018 Dated O//18/2018 O//18/2018 Dated O//18/2018	er than the
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have not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
Matthew Schabath	
(Typed or printed name of person signing)	
Chairperson	

(Title of person signing)