## N14000010893

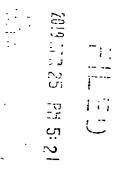
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

THE ACADEMY AT TRUE SANCTUARY OF PRAISE INC SAME OF CORPORATION:	
N14000010893 DOCUMENT NUMBER:	
OCCUMENT NUMBER:	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
COURTNEY HOLLEY	
(Name of Contact Person)	
THE ACADEMY AT TRUE SANCTUARY OF PRAISE INC	
(Firm/ Company)	
3194 US HIGHWAY S., STE 192	
(Address)	
RIVERVIEW. FL 33578	
(City/ State and Zip Code)	
COURTNEY.HOLLEY@TSOPCHURCH.ORG	
E-mail address: (to be used for future annual report notification)	_
for further information concerning this matter, please call:	
COURTNEY HOLLEY 813 927-2957	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
inclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status    S43.75 Filing Fee 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

THE ACADEMY AT TRUE SANCTUARY OF PRAI	ISE INC	
(Name of Corporation as c	urrently filed with the Flori	ia Dept. of State)
N14000010893		
(Document	Number of Corporation (if known	own)
Pursuant to the provisions of section 617,1006, Florida samendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	<u>poration:</u>	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	rporation" or "incorporated"	' or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDE</u>	RESS)	
		20.
C. Estas any mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	) <u> </u>	- سر النام 
		<i>U</i> 1 1
		<u></u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	d office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		
	(Flo	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept t	he obligations of the position.
	Signature of New Registe	red 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	$\underline{V}$ $\underline{M}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	DIR	ROSALINE SEABROOK	12210 NETHERFIELD CT
Add X Remove			RIVERVIEW, FL 33569
2) Change	DIR	JOHNNY E. SEABROOK	12210 NETHERFIELD CT
Add X Remove			RIVERVIEW, FL 33569
3) Change	DIR	ANGELINA GEORGE	11120 HARTFORD FERN DR
X Add Remove			RIVERVIEW, FL 33569
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
NO OTHER CHANGES REQUESTED

		. 1, 2019	
	ch amendment(s) adoption:		, if other than the
late this docur	nent was signed.		
	APRIL 1, 2019		
Effective date	if applicable:	than 90 days after amendment file dater	<del></del> -
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	tte inserted in this block does not mee ective date on the Department of State	et the applicable statutory filing requirements, this date will e's records.	I not be listed as the
Adoption of A	mendment(s) (CHECH	K <u>ONE</u> )	
	dment(s) was/were adopted by the me sufficient for approval.	embers and the number of votes east for the amendment(s)	
	no members or members entitled to v by the board of directors.	rote on the amendment(s). The amendment(s) was/were	
ŗ	Dated 4/1/19		
5	signature		
	(By the chairman or vice chair	irman of the board, president or other officer-if directors in incorporator – if in the hands of a receiver, trustee, or lary by that fiduciary)	
	DWAYNE C. PERRY		
		Typed or printed name of person signing)	
	PRESIDENT Va.	der Juaye	
		(Title of parson signing)	