## N1500000 2869

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	TAMPA HIGH SCHOOL .	AT MARY H —	ELP CHRISTIANS, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
SCOTT MORREALE			
	(Name of Contact Per	rson)	
CRISTO REY TAMPA HIGH SCHOOL AT M.	ARY HELP CHRISTIANS	S. INC.	
	(Firm/ Company	)	
6400 E. CHELSEA STREET			
	(Address)		
TAMPA, FL 33610			
	(City/ State and Zip C	ode)	
SMORREALE@CRISTOREYTAMPA.ORG			
E-mail address: (to be	used for future annual repo	ort notificatio	n)
For further information concerning this matter, pl	lease call:		
SCOTT MORREALE	at _		621.8300 XT.103
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount ma-	de payable to the Florida D	epartment of	State:
\$35 Filing Fee □\$43.75 Filing Fee     Certificate of Sta	-	Certif Certit	0 Filing Fee feate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	et Address endment Sect ision of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

	Articles of An to Articles of Inc	orporation		MORES C	4/4
CRISTO REY TAMPA HIGH SCHOOL AT MA	<del> </del>			<u> </u>	多
(Name of Corporation as currently filed with th	e Florida Dept. of	State)			Ø,
N15000002\$69	ment Number of Co	orporation (if known)			6
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:		•	t Corporation add	opts the following	<b>:</b>
A. If amending name, enter the new name of th	e corporation:	NA		The amount	
name must be distinguishable and contain the wore "Company" or "Co." may not be used in the num		"incorporated" or th	e abbreviation "(	Corp " or "Inc."	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		N/A			
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE)	<u>——</u> ВОХ)/	^/A		·	
D. If amending the registered agent and/or reginew registered agent and/or the new register			he name of the		
Name of New Registered Agent:	ROBERT CHAP	MAN			
	1801 N. HIGHLA	ND AVE.			
New Registered Office Address:		(Florida sire	et address)		
	TAMPA		, Florida _	33602	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		eith and accept the obli	gations of the po		

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>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
1) Change Add	Р	GARRET, WILLIAM JOHN	6400 E. CHELSEA STREET TAMPA, FLORIDA 33610
	<u>P</u>	MORREALE, SCOTT	6400 E. CHELSEA STREET TAMPA, FLORIDA 33610
Remove 3 ) Change Add X Remove	D	HERMAN, NEAL	5118 N. 56TH ST. TAMPA, FLORIDA 33609
4) Change X Add	<u>D</u>	CHAPMAN, ROBERT L.	1801 N. HIGHLAND AVE. TAMPA, FLORIDA 33610
Remove  5)ChangeAddRemove			
6) Change Add			
E. If amending or ad- (attach additional sh		Page 2 of 4  Articles, enter change(s) here: (y). (Be specific)	
N(A			

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	Page 3 of 4	
The date of each amendment(s) ado	option: 🔥 🛧	if other then the
The date of each amendment(s) ado date this document was signed.		ii ouici tilan tile
Effective date <u>if applicable</u> : MA	(no more than 90 days after amendment file date)	
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado	inted by the members and the number of votes east for the amendments.)	

was/were sufficient for approval.

JANUARY 16TH. 2020

Dated

Signature

(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)

SCOTT MORREALE

(Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

(Title of person signing)