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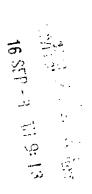
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## COVER LETTER

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: St. Johns River Classical Academy, Inc.
DOCUMENT NUMBER: N 16 000005129
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
St. Johns Clussical Arademy, Inc. (Firm/Company)
Pro. box 8302  (Address)
(Address)
Flyning Island 7 32006 (City/ Syste and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at Quy 2046855 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee  □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status
Mailing Address Antendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Current Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation of  St. Johns Pred Classical Academ (Name of Corporation as currently filed with the Florida Dept. of State)  N 1600005 12 9  (Document Number of Corporation (if known)  Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation ado amendment(s) to its Articles of Incorporation:	ny line
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amendment(s) to its Articles of Incorporation:	
	pts the followin
A. If amending name, enter the new name of the corporation:  GH. JONG CLASICAL ACADEMY, Inc.  name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "C  "Company" or "Co." may not be used in the name.	The nev
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the 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 Co.	de)
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 pos	sition.

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	PT         John D           V         Mike J           SV         Sally S	ones		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change Add Remove	_D_	Diane	Hutchings	2820 Exande Oaks Gen Henring Island, Fr. 32003
2) Change Add Remove	<u>D</u>	Daniel	Johnson	3574 Lingston Heath C Green ave Springs, te 32043
3 ) Change Add Remove				
4) Change Add Remove		<del></del>	<del></del>	
5) Change Add Remove				·
6) Change Add Remove			<del></del>	

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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will relocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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) "as/were adopted by the board of directors. I have change and board members	- replacement
Dated 9-6-16	
Signature A	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	