# N1600000005129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP     ☐ WAIT     ☐ MAIL

(Business Entity Name)

(Document Number)

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MAR 3 1 2017

## COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: St. Johns Classical Academy, Inc.

DOCUMENT NUMBER: N16000005129

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsey French
_____
Name of Contact Person

School Financial Services
_____
Firm/ Company

54 S. Martin St.
_____
Address

Bonifay, FL 32425
_____
City/State and Zip Code

Lindsey.French@schoolfin.com
_____
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey French     at ( 850 ) 547-4566
_____
Name of Contact Person     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      Certified Copy        Certificate of Status
                                  (Additional copy is     Certified Copy
                                  enclosed)             (Additional Copy
                                                       is enclosed)

**Mailing Address**          **Street Address**
Amendment Section          Amendment Section
Division of Corporations       Division of Corporations
P.O. Box 6327             Clifton Building
Tallahassee, FL 32314        2661 Executive Center Circle
                               Tallahassee, FL 32301

PAID
Fee 1012   Date 3.27.17
And Confirm AA initials
Rev CR Inv initials

St. Johns Classical Academy, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000005129

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name*

**B. Enter new principal office address, if applicable:**     N/A
*(Principal office address MUST BE A STREET ADDRESS )*

**C. Enter new mailing address, if applicable:**     N/A
*(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:*     N/A

*(Florida street address)*

*New Registered Office Address:*     N/A

_____ , 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.*

N/A

*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 | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ___ Change<br>✓ Add<br>___ Remove | P | Diane Hutchings | 2830 Grande Oaks Way Fleming Island, FL 32003 |
| 2) ___ Change<br>___ Add<br>✓ Remove | TR | Alan Stevenson | N\A |
| 3) ✓ Change<br>___ Add<br>___ Remove | T | Amy Miller | N\A |
| 4) ___ Change<br>___ Add<br>___ Remove | | | |
| 5) ___ Change<br>___ Add<br>___ Remove | | | |
| 6) ___ Change<br>___ Add<br>___ Remove | | | |

**E. If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

_____

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The date of each amendment(s) adoption: __N|A_____, if other than the
date this document was signed.

Effective date **if applicable:** _____N|A_____

<div align="center">*(no more than 90 days after amendment file date)*</div>

**Adoption of Amendment(s)**     **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement
must be separately provided for each voting group entitled to vote separately on the amendment(s):*

   "The number of votes cast for the amendment(s) was/were sufficient for approval

   by _____ ."
   <div align="center">*(voting group)*</div>

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.

Dated __3-9-17__

Signature _____

(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)

__Amy Miller__
(Typed or printed name of person signing)

__per Treasurer__
(Title of person signing)