

N160000

11315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

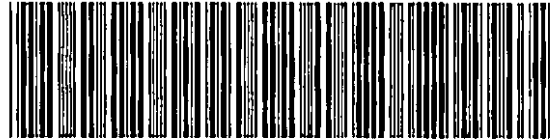
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/10/20--01022--014 **35.00

2020 010 4:17:13

Amend

SEP 25 2020

ALBRITTON

1 1 1 1

NAME OF CORPORATION: TAMPA BAY ACADEMY INC

DOCUMENT NUMBER: N16000011315

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/ Company)

{Address}

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

LUIS SOTO

407 467-5948

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

☒ \$35 Filing Fee
 ☐ \$43.75 Filing Fee & Certificate of Status
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 ☐ \$52.50 Filing Fee & Certificate of Status & Certified Copy (Additional Copy is Enclosed)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

TAMPA BAY ACADEMY INC

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

N16000011315

(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

New Registered Office Address:

N/A

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

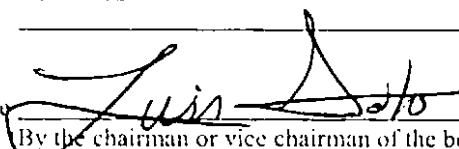
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

☐ 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 08/06/2020 _____

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)

LUIS SOTO

(Typed or printed name of person signing)

VP

(Title of person signing)