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Office Use Only



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MR 3) 1018

## COVER LETTER

TO: Amendment Section Division of Corporations te Christian Reparatory DOCUMENT NUMBER: 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) (Firm/ Company) (Address) (City/ State and Zip Code) be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filling 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

**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

Enclosed)

| If amending name, enter the new name of the corporation:  The memory may not be used in the name.  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS   Tampla   F2 33617    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:    City   City   Code   | Αr  | ticles of Amendment             |                          |                      |           |
|--|---|---------------------------------|--------------------------|----------------------|-----------|
| It amending the registered agent and/or registered office address:    Name of New Registered Office Address:   Name of New Registered Office Address:   Name of New Registered Office Address:   Name of New Registered Office Address:   Name of New Registered Office Address:   Name of New Registered Office Address:   Name of New Registered Office Address:   Name of New Registered Office Address:   Name of New Registered Office Address:   New Registered Office A | •   |                                 |                          |                      | ~2        |
| LUGACY File (hrstan freparatory School, Inc.  (Name of Corporation as current) filed with the Florida Dept. of State)  MIDDOD 5728  (Document Number of Corporation (if known)  results to the provisions of section 617-1006. Florida Statutes, this Florida Not For Profit Corporation adopts the follow endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  The me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incompany" or "Co." may not be used in the name.  Enter new principal office address, if applicable; incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  (City) (Florida (Zip Code)  | Art ·   | •                               |                          |                      |           |
| (Document Number of Corporation (if known)  result to the provisions of section 617.1006. Florida Statutes, this Florida Non For Profit Corporation adopts the follow endments) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  The memory of "Co." may not be used in the name.  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  (City)  Florida  (City)  Florida  (City)  Florida  (City)   | Legacy Elite Christian  | Preparatory                     | School,                  | Inc.                 | E.        |
| The moments of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the follow endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  The moments he distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incompany" or "Co." may not be used in the name.  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS   Tanya   F1   33617  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  New Registered Office Address:  (City) (Zip Code)   | (Name of Corporation as cui   | rrentl filed with the F         | <u>lorida Dept. of S</u> | itate)               |           |
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| me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incompany" or "Co." may not be used in the name.  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: [Mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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   | If amending name, enter the new name of the corpo   | oration:                        |                          |                      |           |
| me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incompany" or "Co." may not be used in the name.  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: [Mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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   |   |                                 |                          | 7                    | rz        |
| Enter new principal office address, if applicable: cincipal office address MUST BE A STREET ADDRESS)  Lampa, 12, 33617  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  | me must be distinguishable and contain the word "corp   | oration" or "incorpore          | ted" or the abbre        |                      |           |
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| Name of New Registered Agent:    New Registered Office Address:   (Florida street address)   | If amanding the registered event and/or registered  | office address in Flori         | do antar tha nom         | no of the            |           |
| Name of New Registered Agent:    City   City   (Zip Code)  |   |                                 | aa, enter the nan        | ne or the            |           |
| New Registered Office Address:  —  | · ·   |                                 |                          |                      |           |
| New Registered Office Address:   | Name of New Registered Agent:   |                                 |                          | <u> </u>             |           |
| New Registered Office Address:   |   |                                 |                          |                      |           |
| (City) Florida Florida   |   |                                 | (Florida street addre    | ~c)                  |           |
| (City) (Zip Code)  | New Registered Office Address:  |                                 |                          |                      |           |
| (City) (Zip Code)  |   |                                 |                          | Florida              |           |
|  |   | (City)                          |                          |                      |           |
|  |   |                                 |                          |                      |           |
| w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |   |                                 |                          | 2.4                  |           |
|  |   |                                 |                          |                      |           |

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 | V Mike       | Doe<br>2 Jones<br>2 Smith |   |
|----------------------------------|--------------|---------------------------|---|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>               | <u>Addres</u> s                         |
| 1) Khange Add                    | <u>CEO</u>   | ERIC & ROBINSON, SR       | 2258 Golden Falcon D<br>Rusten, F2 3359 |
| Remove                           | /            | v a a a                   |   |
| 2) Change Add                    |              | Eric R. Robinson, Se      |   |
| Remove 3) Change                 | CEO          | Tani W. Robinson          | 4                                       |
| Add Remove 4) Change             | <u>V</u>     | Tani W. Ribinson          |   |
| X Add<br>Remove                  |              |                           |   |
| 5) Change Add                    |              |                           |   |
| Remove                           |              |                           |   |
| 6) Change Add                    |              |                           |   |
| Remove                           |              |                           |   |

| E. If amending or adding additional Art<br>(attach additional sheets, if necessary). | (Re specific)                         |
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| The date of each amendment(s) adoption:  | , if other than the |
|--|---------------------|
| late this document was signed.   | ·                   |
| Effective date if applicable:  |                     |
| (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 not locument's effective date on the Department of State's records.                                     | be listed as the    |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| 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 8/22/2018  |                     |
| Signature Im I Roh   |                     |
| (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) |                     |
| Tami W. Robinson   |                     |
| (Typed or printed name of person signing)  |                     |
| Administration   |                     |
| (Title of person signing)  |                     |