N1700000000935

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. TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	Pfoly Cross Christian	Academy, Inc.		
DOCUMENT NUMBER:	N17000006935			
The enclosed Articles of Ame	endment and fee are subr	nitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
Wende Rosado				
		(Name of Contact Pe	erson)	
Holy Cross Christian Acader	ny, Inc.			
		(Firm/ Company	·)	
7217 169th Drive				
		(Address)		
Live Oak, FL 32060				
		(City/ State and Zip (Code)	
holycrosschristianacademy@	gmail.com			
E-	mail address: (to be used	for future annual rep	ort notification	1)
For further information conce	erning this matter, please	call:		
Wende Rosado		at	386-344-699	ī
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	yable to the Florida D	epartment of	State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Ac Amendmen Division of P.O. Box 6	t Section Corporations	Am Div	eet Address endment Sectivision of Corpo fton Building	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Holy Cross Christian Academy Inc.

(Name of Corporation as curren	tly filed with the Flor	ida Dept. of State)
N17000006935		
(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporatea	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	-	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	201
		T
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
D. If amending the registered agent and/or registered office	ee address in Florida,	enter the name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
	(Flo	orida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
No. B. Carlotta and State of the Carlotta B. Carlotta		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		the obligations of the position.
		S V F
	ignature of New Regist	ered 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	<u>V</u> <u>Mi</u>	hn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Susan Brown	11268 West State Road 238
xAdd			Lake Butler, FL 32054
Remove			
2) Change	т	Delight Kasserman	3663 West Tower Road
x Add			Live Oak, FL 32060
Remove			
3) Change			
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Add the following Wording to Article III: This organization is organized exclusively for charitable, religious, and
educational purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code.
Add Article IX: Dissolution: Upon the dissolution of this organization, assets shall be distributed for one or more exempt
purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future
Internal Revenue Code, or shall be distributed to the federal government, or to a state or local government, for a public
purpose.

	11/29/2018	
The date of each amendm	nent(s) adoption:	, if other than the
date this document was sig-	ned.	
	11/29/2018	
Effective date if applicable		
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
Adoption of Amendment($(S) \qquad (CHECK ONE)$	
☐ The amendment(s) was/were sufficient fo	is/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
11 Dated	/29/18	
(100000 Direla	
Signature \(\sum_{17} \)		
	the chairman or vice chairman of the board, president or other officer-if directors	
	we not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
oti	her court appointed fiduciary by that fiduciary)	
	Wende C. Rosado	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	