## N17000012105

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Treasure C	oast Classical Academy TK
DOCUMENT NUMBER: N17000012105	5
The enclosed Articles of Amendment and fee ar	
Please return all correspondence concerning this	matter to the following:
Susan Turner	
	(Name of Contact Person)
The Optima Foundation	
	(Firm/ Company)
15275 Collier Blvd #201-299	
	(Address)
Naples, FL 34119	
	(City/ State and Zip Code)
sturner@optimaed.org E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	·
Susan Turner	at (570) 242 7084
(Name of Contact F	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
☑ \$35 Filling Fee ☐ \$43.75 Filling F Certificate of St	Tee & 🗆 \$43.75 Filing Fee & — \$52.50 Filing Fee tatus — Certified Copy — Certificate of Status — Certified Copy — (Additional Copy is — Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, UL 32301

## Articles of Amendment to Articles of Incorporation of

Treasure Coast Classical Academy			
(Name of Corporation as curren	ntly filed with the Florida De	pt. of State)	
N17000012105			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Prof</i> i	it Corporation adopts the following	
A. If amending name, enter the new name of the corporat	ion:		
N/A		The new	
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporated" or ti	he abbreviation "Corp" or "Inc."	
B. Enter new principal office address, if applicable:	1484 SW 34th St		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Palm City, FL 34990	ىم	
		019	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	1484 SW 34th St	019 NOV - 1	
	Palm City, FL 34990	<u>-0</u>	
		PH 12:	
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered of New Registered Agent: N/A		~	
Name of New Regimerea Agent.		······································	
<u>New Registered Office Address</u> :	(Florala st	(erraddress)	
N/A		, Florida	
***************************************	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		digations of the position.	
<u></u>	iignature of New Registered A	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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X.Add	$\underline{V}$ Mik	n Doe .e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	Lorraine Johnson	554 SW Columbus Dr
Add			Port St. Lucie. FL 34953
X Remove			
2) Change	<u>D</u>	Joseph Featherstone	9475 Merlin Ct
XAdd			Stuart, FL 34997
Remove			
3.) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional A (attach additional sheets, if necessary	vrucies, enter change (Be specific)	<u>(8) nere</u> :		
N/A				
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				<u> </u>
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	<del></del>			
		<u> </u>		

The late	date of each amer this document was	dment(s) adoption: 07/15/2019; 08/19/2019 signed.	, if other than the
Effe	ective date <u>if appl</u> ic	rable;	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this ite on the Department of State's records.	s date will not be listed as the
Ade	option of Amendme	ent(s) ( <u>CHECK_ONE</u> )	
Ø	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amer t for approval.	ndment(s)
	There are no mem- adopted by the box	is were	
	Dated	10/14/2019	
	Signature	/.	
		(By the chairman or vice chairman of the board, president or other officer-if chave not been selected, by an incorporator – if in the hands of a receiver, true other court appointed fiduciary by that fiduciary)	
		Lynda Daniel	
		(Typed or printed name of person signing)	
		Chairperson	
		(Title of person signing)	