## N18000000 765

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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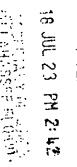
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Though

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION           |   |   | LD CARE AN            | D PRE-SCHOOL, INC.   |
|-------------------------------|---|---|-----------------------|--|
| DOCUMENT NUMBER:              | N18000000765                                |   |                       |  |
| The enclosed Articles of Am   | endment and fee are submi                   | tted for filing.  |                       |  |
| Please return all corresponde | ence concerning this matter                 | to the following:   |                       |  |
| Monique Worrell               |   |   |                       |  |
|                               | (   | Name of Contact Pe  | rson)                 |  |
| Legacy Christian Academ       | ıy  |   |                       |  |
|                               | <u>-</u>                                    | (Firm/ Company  | ')                    |  |
| 1616 Honour Rd                |   |   |                       |  |
|                               |   | (Address)   |                       |  |
| Orlando, FL 32839             |   |   |                       |  |
| · · · · ·                     | (   | City/ State and Zip   | Code)                 |  |
| mhw@1justice.com              |   |   |                       | /  |
| E                             | -mail address: (to be used                  | or future annual rep  | ort notification      | )  |
| For further information conc  | eerning this matter, please o               | all:  |                       |  |
| Monique Worrell               |   | at  | 407                   | 7307392  |
|                               | (Name of Contact Person)                    |   | (Area Code)           | (Daytime Telephone Number)   |
| Enclosed is a check for the   | following amount made pay                   | able to the Florida   | Department of S       | State:   |
| ■ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy)<br>enclosed) | Certifi<br>is Certifi | O Filing Fee<br>cate of Status<br>led Copy<br>tional Copy is<br>sed) |
|                               |   | 0.  |                       |  |

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

## TITIEU

## Articles of Amendment to Articles of Incorporation of

| LEGACY CHRISTIAN ACADEMY CHILD CARE AN   | ID PRE-SCHOOL, INC.  |   |         |
|--|--|---|---------|
| (Name of Corporation as cu   | rrently filed with the Florida Dept. of State)                         |   |         |
| N18000000765   |  |   |         |
| (Document N  | fumber of Corporation (if known)                                       |   |         |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:     | atutes, this Florida Not For Profit Corporation adopts                 | the following                                 | ţ       |
| A. If amending name, enter the new name of the corp  | oration:   |   |         |
|  |  | The new                                       |         |
| name must be distinguishable and contain the word "corp<br>"Company" or "Co." may not be used in the name.   | poration" or "incorporated" or the abbreviation "Corp                  | o." or "Inc."                                 |         |
| B. Enter new principal office address, if applicable:  | rees   |   |         |
| (Principal office address MUST BE A STREET ADDRI   | <u>E53</u> )   |   | _       |
|  | •  | ž.  |         |
|  |  | - <del> </del>                                | S       |
| C. Enter new mailing address, if applicable:   |  | 3: (2)  | =       |
| (Mailing address MAY BE A POST OFFICE BOX)   | 10-  |   | د       |
|  |  | $\frac{\mathcal{B}^{(i)}}{\mathcal{B}^{(i)}}$ | ယ<br>-  |
|  |  | riig  | TO<br>T |
|  |  | -   | Ņ       |
| D. If amending the registered agent and/or registered  | l office address in Florida, enter the name of the                     | 3,  | 1       |
| new registered agent and/or the new registered of  | fice address:  | - •   | C.      |
| Name of New Registered Agent:  |  |   | ~       |
|  |  | •   | _       |
| New Registered Office Address:   | (Florida street address)   |   |         |
| New Registerea Office Address.   |  |   |         |
|  | (City) , Florida , Florida , Cip Code                                  |   | _       |
|  | (City) (Zip Code,  | )   |         |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It | tered Agent: am familiar with and accept the obligations of the positi | ion.  |         |
|  | 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 | <u>V</u> <u>Mil</u> | n <u>Doe</u><br>ke Jones<br>ly Smith |                   |
|----------------------------------|---------------------|--------------------------------------|-------------------|
| Type of Action<br>(Check One)    | Title               | <u>Name</u>                          | <u>Addres</u> s   |
| 1) Change                        | TP                  | Trecia Pessoa                        | 1616 Honour Rd    |
| Add                              |                     |                                      | Orlando, FL 32839 |
| X Remove                         |                     |                                      |                   |
| 2) Change                        | SD                  | Keshia Lynn                          | 1616 Honour Rd    |
| Add                              |                     |                                      | Orlando, FL 32839 |
| X Remove                         |                     |                                      |                   |
| 3) Change                        | CFO                 | LeVere Worrell                       | 1616 Honour Rd.   |
| X Add                            |                     |                                      | Orlando, FL 32839 |
| Remove                           |                     |                                      |                   |
| 4) Change                        | CEO                 | Monique Worrell                      | 1616 Honour Rd    |
| x Add                            |                     |                                      | Orlando, FL 32839 |
| Remove                           |                     |                                      |                   |
| 5) Change                        |                     |                                      |                   |
| Add                              |                     |                                      |                   |
| Remove                           |                     |                                      |                   |
| 6) Change                        |                     |                                      |                   |
| Add                              |                     |                                      |                   |
| Remove                           |                     |                                      |                   |

| icles, enter change(s) here:<br>(Be specific) |
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|      |   | July 19, 2018   |                     |
|------|---|---|---------------------|
|      | e date of each amend<br>this document was s | • • •   | , if other than the |
| Effe | ective date <u>if applica</u>               |   |                     |
|      |   | (no more than 90 days after amendment file date)  |                     |
|      |   | d in this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records.  | be listed as the    |
| Ada  | option of Amendmer                          | nt(s) ( <u>CHECK ONE</u> )  |                     |
|      | The amendment(s) was/were sufficient        | was/were adopted by the members and the number of votes cast for the amendment(s) for approval.   |                     |
|      | There are no member adopted by the boar     | ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.   |                     |
|      | Dated _                                     | July 19, 2018   |                     |
|      | Signature _                                 | Man Ww  | _                   |
|      | Ì   | By the chairman of 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) |                     |
|      |   | Monique Worrell   |                     |
|      |   | (Typed or printed name of person signing)   |                     |
|      |   | President   |                     |
|      |   | (Title of person signing)   |                     |