(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>#</i>)
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INC

TO: Antendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Legacy Christian Academy Childcare & Pr
DOCUMENT NUMBER: N1800000765
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina Bernach Dicores (Name of Contact Person)
Legacy Christian Aladem ChildCare & frescus IKC
1614 Honour Ld
Orlando FL 32839
Chvistina @ 189acy Fids. Org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (Name of Contact Person) at 43-6854 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsquare{1}\\$43.75 Filing Fee & \$\Bigsquare{1}\\$43.75 Filing Fee & \$\Bigsquare{1}\\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

LEGACY CHRISTIAN ACADEN	M'CHILD CARE AND PRE-SCHOOL, IT
(Name of Corporation as currently filed with the Florida D	
Margaria	
(Document Number	r of Corporation (if known)
(Boetiment Pulmoe	Tor Corporation (it known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>Dn:</u>
	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
company of co. may not be wice in the name.	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20.
	2 2
	AN -6 PM 4:
C. Enter new mailing address, if applicable:	70 00 00 00 00 00 00 00 00 00 00 00 00 0
(Mailing address MAY BE A POST OFFICE BOX)	
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-	5 0 💃
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	idress:
Name of Name Residence of Least Conf.	istina bernadin Nicolas
Name of New Registered Agent:	13-11-0
<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	401 10N KA
New Registered Office Address:	(Florida street address)
	Mando - Florida 32839
	Tional Jes
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
Undi	stim bernali Nicolas.
Sig	nature of New Registered Agent, if changing

and address of each Off (Attach additional sheets Please note the officer/di P = President; V = Vice i Executive Officer; CFO held, President, Treasure	ficer and/or Direc s, if necessary) irector title by the J President; T= Trea = Chief Financial (er, Director would)	first letter of the office title: isurer: S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more than be PTD.	stee: C = Chairman or Clerk; CEO = Chiej n one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remov	aves the corporatio	nanner. Currently John Doe is listed as the P in Sally Smith is named the V and S . These shelf as an Add .	ST and Mike Jones is listed as the V. There is could be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change Add	CED	Monique Worrell	16 lb Honax Rcl
Remove 2) Change Add	CFO	Levere Worrell	1416 Honour Rd Originals H 22831
Remove Change Add	CEO	Christine B Nicolas	OCICACIO FL 32839
Remove 4) Change Add	CFO	Crespry Dicas	16/4 Honour Rd Criands Fl 32831
Remove			
5) Change Add	<u>.</u>		
Remove			•
6) Change Add			·
Remove E. If amending or add	ling additional Ar	Page 2 of 4 ticles, enter change(s) here:	
(altach additional sh	eets. if necessary).	(Be specific)	
		-	

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•		-
		
	-	
		
		
		
	Page 3 of 4	
	4	
The date of each amendment(s) adoption: date this document was signed.		if other than the
Effective date if applicable:		
(r	no more than 90 days after amendment file date)	• • •
	not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Duted	जिल्ली ग्री
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 hinds of accepter, trustee, or other court appointed fiduciary by that fiduciary)
	Christina B. Di colas (Typed of printed name of person signing)
	CED