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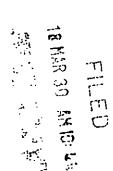
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COVER LETTER

TO: Amendment Section Division of Corporations

Open Heaven Ac	eademy Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this π	natter to the following:		
Esther Powell			
	(Name of Contact	Person)	
Open Heaven Academy Inc			
	(Firm/ Compa	ny)	
11444 Village Brook Dr			
	(Address)		
Riverview, FL 33: 79			
	(City/ State and Zip	p Code)	
estherpowell45@gmail.com			L.
E-mail address: (to be t	used for future annual re	eport notification	on)
For further information concerning this matter, ple	ase call:		
Esther Powell	i	229 at	251-7936
(Name of Contact Per		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	e & \$\Bigcup\$\$43.75 Filing Fetus Certified Copy (Additional copy enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tillahassee, FL 32314	A D C 2	Amendment Sec Division of Corp Clifton Building 1661 Executive Callahassee, FL	orations Center Circle

Articles of Amendment to Articles of Incorporation of

Open Heaven Acade	emy Inc. Inc.		
	(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)
N18000000798			
	(Document Num	ber of Corporation (if know	wn)
Pursuant to the provisamendment(s) to its A	sions of section 617.1006, Florida Statu Articles of Incorporation:	tes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. <u>If amending nam</u>	e, enter the new name of the corpora	tion:	
Open Heaven Act de	my Inc		The name
name must be disting "Company" or "Co."	uishable and contain the word "corpor" "may not be used in the name.	ation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new prihci	pal office address, if applicable:		
Principal office add	ress MUST BE A STREET ADDRESS		727
			
			3 E
			7 5
	ng address, if applicable: MAY BE A POST OFFICE BOX)		- 5 · 5
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MAT BE A TOST OF THE BOX		
		-	
D. If amending the	registered agent and/or registered off	ice address in Florida, en	<u>iter the name of the</u>
new registered a	gent and/or the new registered office	address:	
<u>Nar</u>	ne of New Registered Agent:		
1			
L.		(Flori	da street address)
<u>ve</u>	w Registered Office Address:		
			, Florida
		(City)	(Zip Code)
New Registered Age	nt's Signature, if changing Registered	i Agent:	
hereby accept the ap	ppointment as registered agent. I am f	umiliar with and accept the	e obligations of the position.
		Signature of New Register	ed 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 (fficer and/or Director being added:
(Attach additional	sheets, if necessary)
Please note the of	icer/director title by the first letter of the office title

er/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, Teasurer, 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 Janes 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> !	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	<u>T</u>	Amber Love	6720 E Fowler Ave Suite 136
Add			Tampa, FL 33617
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove	Ì		
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or	adding additional Articl	es, enter change(s)	here:		
(attach addition	adding additional Articl ul sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adopt	ion:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date ment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendme	nt(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/we	re
03/27/2018 Dated		
Sign ture C	er Pavell	
(By the chairman have not been s	n or vice chairman of the board, president or other officer-if direct elected, by an incorporator – if in the hands of a receiver, trustee, pinted fiduciary by that fiduciary)	
Esther Powe	il	
	(Typed or printed name of person signing)	_
Trustee		
	(Title of person signing)	