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COVER LETTER

TO; Amendment Section Division of Corporations

NAME OF CORPORATION:	OKERT, WASHING	FON CLASSICAI	. ACADEM	Y, INC.
N19000 DOCUMENT NUMBER:	003653			
The enclosed Articles of Amendmen		l for filing.		
Please return all correspondence con	cerning this matter to t	he following:		
Erika Donalds				
	(Nar	ne of Contact Pers	on)	
The Optima Foundation, Inc.				
		(Firm/ Company)		** 4*
15275 Collier Blvd. #201-299				
		(Address)		A 8 11 V 1
Naples, FL 34119				
	(City	/ State and Zip Co	de)	
Optima@OptimaEd.org				
E-mail ac	dress: (to be used for f	uture annual repor	t notification)
For further information concerning t	his matter, please call:			
Erika Donalds		at 2	:39	287-6287
(Name	of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made payable	to the Florida De	partment of S	State:
	(A	3.75 Filing Fee & ertified Copy dditional copy is aclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Stree	t Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

BOOKER T. WASHINGTON CLASSICAL ACADEMY, INC.		2019 11:1 -1 PH 3:11		
(Name of Corporation as cur	rently filed with the Florida Dept.	of State)	म उः [६	
N19000003653			2.3	
(Document Nu	umber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Co	orporation adopts the fo	llowing	
A. If amending name, enter the new name of the corpo	ration:			
Gulfside Classical Academy, Inc.		7	he new	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the a			
B. Enter new principal office address, if applicable:	24123 Peachland Blvd			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>) Suite C-4 #146	Suite C-4 #146		
	Port Charlotte, FL 33954			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24123 Peachland Blvd			
	Suite C-4 #146			
	Port Charlotte, FL 33954			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		name of the		
Name of New Registered Agent:	Donalds			
	15275 Collier Blvd, #201-299			
	(Florida street address)			
<u>New Registered Office Address:</u> Naple	s	. Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an		utions of the position.		
	Signature of New Registered Agen	ıt, 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>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u> P	GOLDSTEIN, HARVEY	25148 ROSAMOND CT.
Add			PUNTA GORDA, FL 33983
X Remove			
2) X Change	VT	DONER, JOHN R	1178 TYRONE ST.
Add			PORT CHARLOTTE, FL 33952
Remove			
3) Change	<u>CH</u>	JANIAK, CATHY	23499 Dunstan Ave
X Add			Port Charlotte, FL 33954
Remove			
4) Change	VC	ANDRICHAK, SCOTT	374 Spring Lake Boulevard NW
XAdd			Port Charlotte, FL 33952
Remove			
5) Change			
Add			•
Remove			·
6) Change			
Add			
Remove			

If amending or adding additional A attach additional sheets, if necessary). (Be specific)	•			
	 				
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	•	June 4, 2019	
	date of each amendmenthis document was sign	ent(s) adoption:	, if other than the
Effe	ctive date <u>if applicable</u>	June 4, 2019 e:	
		(no more than 90 days after amendment file date)	
		n this block does not meet the applicable statutory filing requirements, this date will not be in the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval.	
	There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	24 June 2019	
	Signature	Ilm & Don	
	hav	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 er court appointed fiduciary by that fiduciary)	
		John Doner	
	-	(Typed or printed name of person signing)	
		President	
	•	(Title of person signing)	