## Na1000008320

(Requ	restor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	iment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:
(6	3/3/22

Office Use Only



100382065781

02/24/22--01007---013 \*\*35.00

## **COVER LETTER**

Division of Corporations The WAY Academy NAME OF CORPORATION: \_ N21000008320 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Charles Williams Jr. (Name of Contact Person) The WAY Academy (Firm/ Company) 3123 Pizzaro Place (Address) Clermont/ Florida 34715 (City/ State and Zip Code) thewayacademy2021@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Williams 348-5696 (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

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

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

THE WAY ACADEMY INC.

Name of Corporation as currently filed with the Florida [	Dept. of State)	2022 FEB 24 AM 10: 26
N21000008320		SECRETARY OF STATE
(Document Numb	er of Corporation (if known)	TALLAHASSEE, FL
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>	it Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>	
N/A		The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.		he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Mailing address MAT BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office	ce address in Florida, enter	the name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:	NIA	
New Registered Office Address:	(Florida sı	reet address)
New Registered Office Address.		
	(City)	, Florida (Zip Code)
	•	(Lip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		livations of the position.
22, 2200pr me appointment as regimered agent. I am jui		O
Si	gnature of New Registered A	gent, 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	PT         John D           V         Mike Je           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) × Change Add	Director	Check to Chuck Broadway	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
δ) Change Add	<del></del>		
Remove			
E. If amending or addir (attach additional shee		ticles, enter change(s) here: (Be specific)	
Said organization is organ	nized exclusively	for charitable, religious, educational, and scien	ntific purposes, including, for such
purposes, the making of o	distributions to or	ganizations that qualify as exempt organization	ns described under Section 501(c)(3)
of the Internal Revenue C	Code, or correspon	nding section of any future federal tax code. Up	oon the dissolution of the
organization, assets shall	be distributed for	one or more exempt purposes within the mear	ning of Section 501(c)(3) of the
Internal Revenue Code, o	or corresponding s	section of any future federal tax code, or shall b	oe distributed

	<del></del>
	<del></del>
	<del></del> -
	<del> </del>
	····
	. <u>.                                   </u>
	<del></del>

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were coard of directors.
Dated	February 19, 2022
Signatu	(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 hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Dr. Charles Williams
	(Typed or printed name of person signing)
	President/ Founder
	(Title of person signing)