N21000014620

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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPORATION: The Classical E	ducation Network	Inc	222.
DOCUMENT NUMBER: <u>N21000014620</u>			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Susan Turner			
	(Name of Contact Perso	n)	
The Classical Education Network Inc			
	(Firm/ Company)		
10270 Immokalee Rd			
	(Address)		- · · · ·
Naples, FL 34120			
	(City/ State and Zip Cod	le)	
sturner@optimaed.org			
E-mail address: (to be used	I for future annual report	notification	1)
For further information concerning this matter, please	را1س.		
rol further information concerning this matter, prease	can.		
_		670 040	7004
Susan Turner		570 242	
(Name of Contact Person	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment of	State:
S35 Filing Fee □S43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50	Filing Fee
Certificate of Status	Certified Copy		icate of Status
	(Additional copy is		ed Copy
	enclosed)	(Addit Enclo	tional Copy is
		ratett	sett)
Mailing Address	<u>Street</u>	Address	
Amendment Section	•	dment Secti	
Division of Corporations	Division of Corporations		
P.O. Box 6327			allahassee
Tallahassee, FL 32314	2415	N. Monroe	2 Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

The Classical Education Network Inc (Name of Corporation as currently filed with the Florida II	lent of State)	<u></u>	
N21000014620	rept. of State)		
(Document Number	er of Cornoration	(if known)	
	·	,	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Ne</i>	ot For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporati	ion:		
num mark line at the state of t			The new
name must he distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorpo	rated" or the abbreviatio	n "Corp," or "Inc."
B. Enter new principal office address, if applicable:			2022 TAL
(Principal office address <u>MUST BE A STREET ADDRESS</u>))		P. JUN
			24 255
C. Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE BOX)			F
			Diri w
D. If amending the registered agent and/or registered offic	e address in Flo	ida, enter the name of t	he
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
		, Florid	da
	(City)	(Zi _l	o Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add	_D	Glenton Gilzean, Jr.	10270 Immokalee Rd Naples, FL 34120	- -
Remove 2) XChangeAdd	С	Christopher Hudson	10270 Immokalee Rd Naples, FL34120	- -
Remove 3) Remove 4 Add Remove				-
4) Change Add			2022 ACC	<i>-</i>
Remove 5) Change Add			JUN 24 PM	_ <u></u>
Remove 6) Change Add			FIGRIDA	
E. If amending or add (attach additional sh		nal Articles, enter change(s) here: ssary). (Be specific)		
The Corporation dissolution of the for payment, of distributed to a light	n's assets is Corpora all debts a nonprofit f	and liabilites of the Corporation s fund, foundation, or corporation t	emaining after payment, or provision hall be	_

provision in any future tax code or to a state or local government, for a public purpose.

shall determine, for such pur and operated exclusively for	of shall be disposed of by a court of competent jurisdiction of the Corporation is then located, exclusively, as said coposes or to such organization or organizations which are organic charitable purposes, pursuant to Section 501(c)(3) of the Internsponding provision in any future tax code.	the urt zed al — — — — — — — — — — — — — — — — — —
The date of each amendment(s) adopted this document was signed.	tion:, if other	er than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	does not meet the applicable statutory filing requirements, this date will not be listed	as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

X	There are no memiadopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.			
	Dated	06/16/2022			
	Signature	Christopher Hudson (Jun 20, 2022 13:03 EDT)			
	(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)			
		Christopher Hudson (Typed or printed name of person signing)			
		Chairman		ر 2022 کا	-11
		(Title of person signing)	AHASSEE, FLORID	2022 JUN 24 PM 2: 13	FILED