

1722 00003440

Florida Department of State
Division of Corporations
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Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LUX CLASSICAL CHRISTIAN SCHOOL INC.**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LUX CLASSICAL CHRISTIAN SCHOOL INC.

DOCUMENT NUMBER: N22000003440

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

(Name of Contact Person)

(Firm/Company)

17350 STATE HWY 249 #220

(Address)

HOUSTON TX 77064

(City/State and Zip Code)

EFILE1234@INCFILE.COM

(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

LOVETTE DOBSON

888-462-3453

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee &
Certificate of Status | ☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | ☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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

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

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Articles of Amendment
to
Articles of Incorporation
of

LUX CLASSICAL CHRISTIAN SCHOOL INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N22000003440

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

LUX CLASSICAL CHRISTIAN INC.

the new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3926 Hunter Terrace

Jacksonville, FL, 32207

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10. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida secondary index)

New Registered Office Address:

16

Florida

Zip Codes

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.

Signature of New Registered Agent, if changing

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change ____ Add ____ Remove	<u>TD</u>	<u>Brandon Detweiler</u>	<u>2119 Valencia Dr</u> <u>Jacksonville, FL 32207</u>
2) <u>X</u> Change ____ Add ____ Remove	<u>SD</u>	<u>Dave Stifter</u>	<u>1320 Oceanfront</u> <u>Neptune Beach, FL 32266</u>
3) ____ Change <u>X</u> Add ____ Remove	<u>D</u>	<u>Jenny Stifter</u>	<u>1320 Ocean Front</u> <u>Neptune Beach, FL 32266</u>
4) ____ Change <u>X</u> Add ____ Remove	<u>P</u>	<u>Matt Morrison</u>	<u>4618 Forest Grove Ct</u> <u>Jacksonville, FL 32224</u>
5) ____ Change ____ Add ____ Remove	_____	_____	_____
6) ____ Change ____ Add ____ Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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ALLIANCE, FL

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

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☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 09/08/2023

Signature *Matt Morrison*

By the chairman or vice chairman of the board, president or other officer and directors have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary.

Matt Morrison
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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TALLAHASSEE, FL

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