N22000003737

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	
Chesterton Academy of The Florida Martyrs, Inc.	
NAME OF CORPORATION:	_
N22000003737	
DOCUMENT NUMBER:	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following: Laura Scanlon	
(Name of Contact Person)	_
(Firm/ Company)	_
4910 Casa Maria Lane #1	
(Address)	_
Pensacola, F1. 32507	
(City/ State and Zip Code)	
laura@chestertonpensacola.org	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	5.5.3 5.3.3
Laura Scanlon 202 5312682	. (**
at	
(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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) ☐ \$60.00 € ☐ \$60.0	77

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

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 of

Chesterton Academy of The Florida Martyrs, Inc.

(Name of Corporation as currently filed with the Flor N22000003737	ida Dept. of State)		
(Document N	lumber of Corporation	(if known)	
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida N</i>	ot For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corp	ooration:		
N/A			The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.		rated" or the abbreviation "C	
B. Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)		
		·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	N/A		
). If amending the registered agent and/or registered	affica address in Fla	ride anter the name of the	
new registered agent and/or the new registered off		rida, enter the name of the	~ ?
N/A			77
Name of New Registered Agent:		-	
		(Florida street address)	
New Registered Office Address:		(Florida sirvet adaress)	
		, Florida	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if changing Registo	ered Agent:		
hereby accept the appointment as registered agent. La		ecept the obligations of the pos	sition.
	<u></u>		
	Signature of New R	egistered 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 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 John SV SV Sally S	ones		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add		N/A		
Remove				
2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove			·	
51 Change Add			<u></u>	
Remove				
6) Change Add				
Remove				7
E. If amending or addin (attach additional sheed	g additional Arti ts. if necessary).	icles, enter change(s) here: (Be specific)		
Please add the following Article.				
Article IX:				
Upon the dissolution of the organ	nization, assets shall b	e distributed for one or more exempt purposes		
within the meaning of Section 50)I(c)(3) of the Internal	Revenue Code.		
or corresponding section of any f	future federal tax code			

or shall be distributed to the federal	government, or to a state or local government, for a p	ublic purpose.
<u> </u>		
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		91125
		€ C
	January 9, 2023	7.
The date of each amendment(s) and date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	tno more than 90 days after amendment file dat	(e)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast fo	or the amendment(s)

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 $\frac{9/7/2023}{2}$
Signature (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)
Gene Church
(Typed or printed name of person signing)
Board President

(Title of person signing)