N22000006030

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2022 DEC -8 AM 7: 05

A. BUTLER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	————	ACADEMY				
N22000006 DOCUMENT NUMBER:	5030					
The enclosed <i>Articles of Amendment</i> a	nd fee are sub	mitted for filing.				
Please return all correspondence concer	ning this matt	er to the following	:			
KHALIS RASHAAD						
		(Name of Contact	Person)			•
RASHAAD & ASSOCIATES						
		(Firm/ Comp	any)			
5909 W. LOOP SOUTH STE 620						
-		(Address)				
BELLAIRE, TEXAS 77401						
		(City/ State and Z	ip Code)			
khalis@rashaadassociates.com						
E-mail addre	ss: (to be use	I for future annual	report noti	fication)	
For further information concerning this	mutter, please	call:				
KHALIS RASHAAD			713 at		927-3981	
(Name of C	Contact Person	1)	(Area C	lode)	(Daytime Telephone Nun	iber)
Enclosed is a check for the following ar	nount made p	ayable to the Floric	la Departm	ent of	State:	
S35 Filing Fee S43.75 I Certific	Filing Fee & ate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)	y is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		· ·	Street Ado Amendmer		on	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to

Articles of Incorporation of

STRAIGHT PATH ACADEMY	-	2022 DEC -8
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N22000006030		
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the con	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
(Frincipul office uturess <u>STOST BE A STREET ADDI</u>	<u></u>)	
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	i)	
		· · · · · · · · · · · · · · · · · · ·
		
D. If amending the registered agent and/or registere	d office address in Florida, e	enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flor	nda street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept to	he obligations of the position.
	Signature of New Register	red 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	V Mike	Doc : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	ABDUR RAHMAN, MUBARAK	5947 SAXONY WOODS LN JACKSONVILLE, FL 32211
x Remove			
2) Change Add	<u>VP</u>	SUSAN SHATILA	3545 St Johns Bluff Rd S # 1 - 331 Jacksonville, FL 32224
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ing additional A tets, if necessary	articles, enter change(s) here:). (Be specific)	
		47-3-10-1	
			· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s) addate this document was signed.	doption: if other than t
Effective date if applicable:	(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes east for the amendment(s) ral.

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 11/21/2022
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)
SAAJID LIPHAM
(Typed or printed name of person signing) PRESIDENT
(Title of person signing)