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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Anchor Academic C	Center of Excellence Inc		
	N23000004541			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Tonya McEver				
		(Name of Contact Pers	son)	
Anchor Academic Center o	f Excellence Inc			
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)	·	
571 Haverty Court Suite W				
		(Address)		
Rockledge, Fl. 32955				
		(City/ State and Zip Co	ode)	
tmcever@anchoracademic.	org			
E	-mail address: (to be use	d for future annual repo	rt notification	n)
For further information cond	cerning this matter, please	e call:		
Tonya McEver		at	321	806-3222
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida De	epartment of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Stree	et Address	

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

Anchor Academic Center of Excellence Inc

(Name of Corporation as currently filed with the Florida D	ept. of State)	
N23000004541		, 11 . 5
(Document Number	r of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		nter the name of the
Name of New Registered Agent:	·	
Name of New Registered Agent.		
	(Flori	ida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		e obligations of the position.
	anature of New Register	ad trant if aboveing
	υπισητέ οι Ινένν Κεστίτες	PELAUPHI II CHENGUNO

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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VSD</u>	Brittany Wright	571 Haverty Court Suite W Rockledge, Fl. 32955
Remove			
2) <u>* Change</u> Add	PTD	Tonya McEver	571 Haverty Court Suite W Rockledge, Fl. 32955
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional sheet	g additional Arti s, if necessary).	cles, enter change(s) here: (Be specific)	
			_
			

1 1
The date of each amendment(s) adoption:
date this document was signed.
5/15/24
Effective date if applicable: ONDOWN (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.

· .	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 Signature (By the chairman of 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)
	Tonya McEver
	(Typed or printed name of person signing)
	President/Executive Director
	(Title of person signing)