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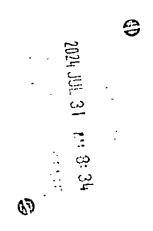
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

Way Pr	reparatory Academy, Inc.			
N 24000007				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment an	d fee are submitted for filin	<u>ាខ្ន.</u>		
Please return all correspondence concern	ing this matter to the follo	wing:		
Ingrid Way				
	(Name of Co	ntact Person)	·	*
Ingrid Way				
	(Firm/ C	ompany)		
Way Preparatory Academy, Inc.				
	(Add	lress)		
279 SW 10th Court				
<u>. </u>	(City/ State a	nd Zip Code)		10-1-00-0
Pompano beach, FL 33060				
E-mail addres	s: (to be used for future an	nual report noti	fication)
For further information concerning this r	natter, please call:			
John Way		954 at		592-7785
(Name of Co	ontact Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the l	Florida Departm	nent of S	State:
■ \$35 Filing Fee □\$43.75 F Certifica	iling Fee & S43.75 Fili te of Status Certified C (Additional enclosed)	ору	Certific Certific	Filing Fee cate of Status ed Copy is sed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	ns	Street Ade Amendme Division o The Centr	nt Section f Corpo	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Way Preparatory Academy, Inc.

Name of Corporation as currently filed with the	e Florida Dept. of State)	
N24000007462		
(Docum	ient Number of Corporation (i	known)
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	2024 Jij
D. If amending the registered agent and/or regi	stered office address in Florio	da, enter the name of the
new registered agent and/or the new register		a, enter the name of the φ
Name of New Registered Agent:	Ralph Kenol, PA	
	1940 Harrison Street Suite 30	4
<u>New Registered Office Address:</u>		(Florida street address)
	Hollywood	, Florida 33020
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		pt the obligations of the position.
		istered 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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Secretar	John Way	279 SW 10th Court Pompano Beach, FL 33060
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		<u> </u>	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
		A	

		<u></u>
		
		
		
		_
		
The date of each amendment(s) adoption:	07/19/2024	. if other than the
Effective date if applicable: 07/22/2024		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not bot State's records.	e listed as the
Adoption of Amendment(s) (\underline{C})	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for 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.
O7/19/2024 Signature (By the chatrman 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)
Ingrid Way
(Typed or printed name of person signing)
President
(Title of person signing)