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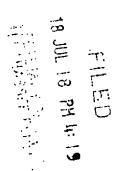
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Award

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Good Shepherd Ch	ristian Daycare and	Academy, li	nc.
	N41414			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matter	r to the following:		
Carmelyn D. Kinsey				
		(Name of Contact Per	son)	<del>-</del> <del>-</del>
Good Shepherd Christian	Academy, Inc.			
	. A.	(Firm/ Company)	· · · · · ·	
PO Box 66150, Jacksonv	rille, FL 32208			
		(Address)		
Jacksonville, FL 32208				
		(City/ State and Zip C	ode)	
CarmelynKinsey@gmail.	com			ę
	-mail address: (to be used	for future annual repo	ort notification	
For further information cond	cerning this matter, please of	call:		
Carmelyn Kinsey			(904)	502-2450
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pay	yable to the Florida D	epartment of S	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is esed)
3.6 '11'		Ca-		

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Good Shepherd Christian Daycare and Academy, Inc.

(Name of Corporation	as curre	ntly filed with the Florida De	ept. of State)		
N41414					
(Docur	nent Num	ber of Corporation (if known)			
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	rida Statu	tes, this <i>Florida Not For Prof</i>	it Corporation ado	pts the fo	Howing
A. If amending name, enter the new name of the	e corpora	tion:			
Good Shepherd Christian Academy, Inc.				v 7	he new
name must be distinguishable and contain the wore "Company" or "Co." may not be used in the nam	•	ation" or "incorporated" or t	he abbreviation "C		
B. Enter new principal office address, if applica	ible:	N/A			
(Principal office address <u>MUST BE A STREET A</u>		(1)			
				: i= 1.00	
					<u> </u>
C. Enter new mailing address, if applicable:		PO Box 66150		:	<del>سند</del> سد.
(Mailing address MAY BE A POST OFFICE	BOX)	——————————————————————————————————————		## 1 	
		Jacksonville, FL 32208		**1	-X
					+: - K4
		-		<del></del>	<u> </u>
D. If amending the registered agent and/or regi			the name of the	•	
new registered agent and/or the new register	red office	address:			
Name of New Registered Agent:	N/A				
	N/A				
		(Florida st	reet address)		
New Registered Office Address:	:				
			, Florida		
		(City)	(Zip Co	de)	
New Registered Agent's Signature, if changing l			digations of the ow	iitian	
петену иссерт те арронитет из гезімегей идел	u. rumj	инана жин ина иссері іне 00	argunous of the pro	mnen.	
-	<del></del>	 Signature of New Registered A	toent 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		N/A		
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
Kemove				
4) Change				
Add				
Remove				
5) Change			<del></del>	<del></del>
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
N/A		
		<del></del>

, N/A	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
N/A	
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 document's effective date on the Department of State's records.	e listed as the
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.	
7/11/2018 Dated	
(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)	-
Carmelyn D. Kinsey	
(Typed or printed name of person signing)	
President	
(Title of person signing)	