N9300004154

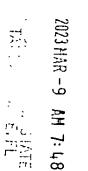
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COVER LETTER

TO: Amendment Section , Division of Corporations

| NAME OF CORPORATI | ON: | ADEMY OF EXCE | LLENCE INC | |
|------------------------------|---|--|-------------------|--|
| DOCUMENT NUMBER: | N93000004154 | | | |
| The enclosed Articles of Ar | nendment and fee are sub- | mitted for filing. | | |
| Please return all correspond | ence concerning this matte | er to the following: | | |
| Dr. Shermaine Nicholas | | , | | |
| | | (Name of Contact I | Person) | · · · · · · · · · · · · · · · · · · · |
| REVELATION ACADEM | Y OF EXCELLENCE INC | C | | |
| | | (Firm/ Compar | ny) | |
| 1070 Montgomery Road #2 | 75 | | | |
| | | (Address) | | |
| Altamonte Springs, FL 327 | 14 | | | |
| | | (City/ State and Zip | Code) | |
| admissions@revelationacae | iemyex.org | | | |
| I | e-mail address: (to be used | l for tuture annual re | eport notificatio | n) |
| For further information con | cerning this matter, please | call: | | |
| Dr. Shermaine Nicholas | | | 407 t | 8812523 |
| | (Name of Contact Person | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the | following amount made pa | yable to the Florida | Department of | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Centified Copy (Additional copy enclosed) | Certif is Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing / | Address ent Section | | treet Address | |
| | of Cornorations | | mendment Sect | |

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



2023 HAR -9 AM 7: 48

REVELATION ACADEMY OF EXCELLENCE INC

(Name of Corporation as currently filed with the Florida Dept. of State) N93000004154 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _, Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature of New Registered 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 De V Mike Jo SV Sally Sr | <u>ones</u> | |
|------------------------------------|--|--|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change | Truste | ~BJ Moore | 1070 Montgomery Road #275 Altamonte Springs, FL 32714 |
| Remove 2) Change | Director | Marsha Alvarez | 1070 Montgomery Road #275 Altamonte Springs, FL 32714 |
| Remove 3) Change × Add Remove | Director | Mary Williams | 1070 Montgomery Road #275 Altamonte Springs, FL 32714 |
| 4) Change X Add | Director | Melissa Simona Arana | Altamonte Springs, FL 32714 |
| Remove 5) Change | Director | Andrew Nunez | 1070 Montgomery Road #275 1070 Montgomery Road #275 Altamonte Springs, FL 32714 |
| 6) Change Add | | | |
| | | i <u>cles, enter change(s) here</u> : (Be specific) | |
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| The date of each amendment(s) adoption: date this document was signed. | | _, if other than the |
| Effective date if applicable: | | |
| (ne | o more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does a document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not of State's records. | be listed as the |
| Adoption of Amendment(s) | CHECK ONE) | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | y the members and the number of votes east for the amendment(s) | |

| 02/21/2023 |
|--|
| Dated |
| 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) |
| Dr. Shermaine Nicholas |
| (Typed or printed name of person signing) |
| |
| |

(Title of person signing)