N950000000078

| (Requestor's Name) |
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| (Add |
| (Address) |
| (City/State/Zip/Phone #) |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: St. John a Academy, Bruste School |
| DOCUMENT NUMBER: N9500002278 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Mulasa Petuson (Name of Contact Person) |
| St. John's Scademy |
| 1533 Wildwood Dr. |
| (Address) |
| H. Augustine, 7L 32086 (City/ State and Zip Code) |
| (City/ State and Zip Code) |
| mpthis in a stiphns a cade my com E-man address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Meliona Peterson at 904-804-9004 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed) |

Mailing Address

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

Street Address

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

Articles of Amendment

to

| Articles | of | Incorpo | ration |
|----------|----|---------|--------|
|----------|----|---------|--------|

| (Name of Corporation as of | o Acac | limy | | ite Si | elo | lh. |
|--|---------------------------|---------------------|----------------------|---------------------|------------|-----------------|
| . / | | ~ | <u>jua isepi. vi</u> | , State | | |
| | 00022 Number of Cor | | nown) | | | |
| ` | • | | | | | |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this <i>Fle</i> | rida Not Fa | r Profit Corp | <i>poration</i> ado | pts the 10 | llowing |
| A. If amending name, enter the new name of the cor | poration: | | | | | |
| | | | _ | | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or " | incorporate | d" or the abb | previation / C | Corp." or | "Inc." |
| B. Enter new principal office address, if applicable: | | | / | | | |
| (Principal office address MUST BE A STREET ADDI | | | | | | |
| | | | | | | 733 |
| | | | | | | - 20 |
| C. Enter new mailing address, if applicable: | | | | | | س لنز س |
| (Mailing address MAY BE A POST OFFICE BOX | 9 | | | | | - F-3- 1- |
| | | | | | | -5 [|
| | | | | | | <u> </u> |
| | / — | | | | • | မျှာ |
| D. If amending the registered agent and/or registered | d office addres | <u>s in Florida</u> | , enter the n | ame of the | (jih | 140 |
| new registered agent and/or the new registered o | ffice address: | | | | | |
| Name of New Registered Agent: | | | | <u></u> | | |
| | | | | | | |
| | | (F | lorida street add | dress) | | |
| New Registered Office Address: | | | | | | |
| _ | | | | , Florida _ | | |
| | (City) | | | (Zip Co | ide) | |
| New Registered Agent's Signature, if changing Regis | stered Agent: | | | | | |
| I hereby accept the appointment as registered agent. I | am familiar wit | h and accep | t the obligation | ons of the po | sition. | |
| | | | | | | |
| _ | Signature o | of New Regis | tered 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 I V Mike SV Sally | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | <u>CEO</u> | Wallis W. Brooks | 8015 Pebble Creek Lr & Ponte Vedra Beach FL 32082 |
| 2) Change Add | | | |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove 5) Change | | | |
| Add | | | |
| 6) Change Add | | | |
| Remove | | | |

| . If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
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| The date of each amendment(s) adoption: | , if other than th |
|---|--------------------------------|
| date this document was signed. | |
| Effective date if applicable: Immediate | <u></u> |
| (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 document's effective date on the Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendwas/were sufficient for approval. | lment(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors. | /were |
| Dated 4-16-18 | |
| Signature | |
| (By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary) | |
| James Mitchell III | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |