N94000004357

| (Re | equestor's Name) | | |
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| (Ac | ldress) | | |
| (Ac | ldress) | | |
| (Cir | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Ви | siness Entity Nar | ne) | |
| (Document Number) | | | |
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Amend 10/14/12

COVER LETTER

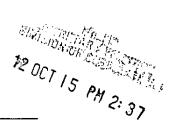
TO: Amendment Section Division of Corporations Geneva Classical Academy, Inc. NAME OF CORPORATION: N96000004357 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: .aura Warneke (Name of Contact Person) Geneva Classical Academy, Inc. (Firm/ Company) 4204 Lakeland Highlands Road (Address) Lakeland, FL 33813 (City/ State and Zip Code) admin@genevaclassicalacademy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura Warneke (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee \$\Bar{\textstyle \textstyle \textsty □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Street Address** Mailing Address Amendment Section Amendment Section

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

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

Articles of Amendment to Articles of Incorporation

Geneva Classical Academy, Inc. of



| 196000004337 as currently filed with the Fl | orida Dept. of State) |
|---|---|
| (Document Number of Corpo | ration (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | tion: |
| name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: | The ne ation" or "incorporated" or the abbreviation "Corp." or "Inc. 4204 Lakeland Highlands Road |
| (Principal office address MUST BE A STREET ADDRESS | Lakeland, Florida 33813 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4204 Lakeland Highlands Road Lakeland, Florida 33813 |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office | address: |
| Name of New Registered Agent: Joseph McC 2121 Sou | uthern Oaks Lane (Florida street address) |
| Lakeland | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for Signature of New Registered | Agent: amiliar with and accept the obligations of the position. istered Agent, if changing Page 1 of 4 |

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.

| X Change X Remove X Add | <u>V</u> <u>Mik</u> | n <u>Doe</u> te Jones y Smith | |
|-------------------------------|---------------------|-------------------------------------|-------------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | С | Joseph McGuire | 2121 Southern Oaks Lane |
| Change | | | Lakeland, FL 33813 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Art attach additional sheets, if necessary). | (Be specijic) | | | |
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| | date of each amendment(s) adoption: 1022012 ective date if applicable: (no more than 90 days after amendment file date) | - |
|-----|---|---|
| Ado | option of Amendment(s) (<u>CHECK ONE</u>) | |
| × | 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 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 | _ |
| | Joseph McGuire | |
| | (Typed or printed name of person signing) Chairman | |
| | (Title of person signing) | |