P08000052321

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SECRETARY OF STATE

Amend 00/4/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA CITY ACADEMY, INC.					
DOCUMENT NUMBER: P08000052	321				
The enclosed Articles of Amendment a	d fee are submitted for filing.				
Please return all correspondence concer	ing this matter to the following:				
	LILLIAN SARDINAS				
	(Name of Contact Person)				
SARDIN	S & ASSOCIATES ACCOUNTANTS, P.A.				
	(Firm/ Company)				
	7171 CORAL WAY STE 402				
	(Address)				
	MIAMI, FL 33155 (City/ State and Zip Code)				
For further information concerning this	•				
LILLIAN SARDINAS	at (305) 262-7300				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following ar	ount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee Certificate of State					
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 Incorporation of

	CITY ACAD		+
(Name of Corporation as cu	irrently filed wit	h the Florida Dept. of Sta	<u>ite</u>)
P08000052321			B
(Document N	Number of Corpor	ration (if known)	_
irsuant to the provisions of section 607. Illowing amendment(s) to its Articles of In		ntutes, this Florida Profit	Corporation adopt
If amending name, enter the new nam	e of the corpora	ion:	
he new name must be distinguishable incorporated" or the abbreviation "CorpCo". A professional corporation nessociation." or the abbreviation "P.A."	" "Inc.," or (Co.," or the designation "	Corp," "Inc," or
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		26049 SOUTH DIXIE	HWY
		NARANJA, FL 33033	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		26049 SOUTH DIXIE H	WY
		NARANJA, FL 33033	
If amending the registered agent and/onew registered agent and/or the new r			er the name of the
Name of New Registered Agent:	VERONICA F	LORES	Peluk
	26049 SOUT	H DIXIE HWY	
New Registered Office Address:	$\overline{(Fle}$	orida street address)	
	NARANJA		_, Florida_33033
		(City)	(Zip Code)
ew Registered Agent's Signature, if char			nt the obligations
hereby accept the appointment as registe osition.	тей идет. Та \	A	n ine omigations

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PDTS	MARIA J SANCHEZ	530 W PALM DR	Add
		SUITE 301	Remove
		FLORIDA CITY, FL 33034	
PDTS VERONICA FLORES	1401 SE 22 LN	Add	
		HOMESTEAD, FL 33035	Remove
			🗖 Add
		☐ Remove	
<u>provisi</u>		e, reclassification, or cancellation of ent if not contained in the amendme	
 ,			
		<u></u>	

The date of each amendment(s) adoption: NOVEMBER 15, 2008	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	itemen
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehaction was not required.	ıolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated NOVEMBER 15, 2008	
Signature Deros	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
VERONICA FLORES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	