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APR 21 2015 T. LEWIEU

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Children	of Destiny Christian Academy Inc.
DOCUMENT NUMBER: P13000C	010880
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
David	Name of Contact Person
('nildren o	Firm/Company Christian Academy Inc.
_1716 West	75th Street Address
Jacksonville	City/ State and Zip Code
E-mail address: (to be us	Quanos com led for future annual report notification)
For further information concerning this matter, pleas	e call:
David Poole Name of Contact Person	at (904) 322 - 6504 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee . \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Incorporation

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Children of Destiny Christian Academy Inc.
(Name of Corporation as currently filed with the Florida Dept. of Shate)
P13000010880
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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:
O > 1 O > 10
New Registered Office Address: Jacksonville, Florida 32211
New Registered Office Address: Jacksonville, Florida 32211
(City) (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.
Danie Boose
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:	, unu pu	ny omina, or as an maa.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Davis Diane	3230 Donhust De
Add Remove			Jacksonville, Fl 32211
2) Change			
Add Remove			
Change Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s (Be specific)			
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If an amandurant provides for an area	amaa aaalaaaifiaati	au aaallatio	m of icound about	
If an amendment provides for an exch provisions for implementing the ame	ange, reclassificate	on, or cancenano ined in the amen	dment itself:	
(if not applicable, indicate N/A)				
			<u></u>	

	option:	, if other than the
date this document was signed.		
Effective date if applicable:	Today 4/21/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	1/21/2014	
Signature Dam	poole rector, president or other officer – if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	David Proje	
•	(Typed or printed name of person signing)	
	Vice President	
-	(Title of person signing)	