P15000063755

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SECRETARY OF SIME DIVISION OF COMPORATIONS

AUG 2 3 2016

C LEWIS

Division of Corporations NAME OF CORPORATION: Grace Christian Academy Port St. Lucie, INC. P15000063755 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Cynthia T Netwig Name of Contact Person
Name of Contact Person
Grace Christian Academy
Firm/ Company
590 NW Peacock Blvd. #4
Address
Port St. Lucie, FL 34986 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (772) 905-8096 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

\$52.50 Filing Fee Certificate of Status 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 Incorporation

Grace Christian Aradomy Port St. Lucie Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P15000063755
(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) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new
name must be distinguishable and contain the word "corporation," "cbmpany," 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:
Name of New Registered Agent Cynthia T Netwig 590 NW Peacock BITA. #4 (Florida street address)
New Registered Office Address: Port 3t, Lucie , Florida 34986 (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.

Cyrldia Vetwig
Signature of New Registafed Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be noted	and/or Director s, if necess'ary) irector title by the President; T= Tra Chief Financia er, Director would d in the following a	heing added: first letter of the office title: easurer; S= Secretary; D= Director; TR= T I Officer. If an officer/director holds more is be PTD. nanner. Currently John Doe is listed as the on, Sally Smith is named the V and S. These	director being removed and title, name, and frustee; $C = Chairman$ or $Clerk$; $CEO = Chief$ than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	PT John D	<u>loe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>D</u>	Daucia M. Dillon	Port St. Lucie, FL 34986
Add Remove			Port St. Lucie, FL 34986
2) Change Add	<u> </u>	Peter A. Tellex	Port St. Lucie, FL 3488L
Remove 3) X Change Add	_5	Mary E. Avera	590 NW Peacock Blvd. #4 Port St. Lucic, FL 34986
Remove 4) Change Add		<u> </u>	
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an amendment pr	vides for an exchange, r	eclassification.	or cancellation o	of issued shares,	
if not applicabi	menting the amendment e, indicate N/A)	ii not contain	ea in the amenan	ient itseii:	
			 		
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The date of each amendment(s) adoption:date this document was signed.		V / A Sec	FILED CRETARY OF S IF Other than th ION OF CORPORATION:	ıe
Effective date <u>if applicable</u> :	(no more than 90 days after	2016 (amendment file date)	AUG 12 PM 2:54	
Note: If the date inserted in this block does not document's effective date on the Department of States		ry filing requirements, th	his date will not be listed as th	ıe
Adoption of Amendment(s) (CHE	CK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for app		votes cast for the amendr	nent(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr				
"The number of votes cast for the amenda	ment(s) was/were sufficient	for approval		
by(voting	·	,,,		
The amendment(s) was/were adopted by the bo action was not required.	ard of directors without share	reholder action and share	eholder:	
☐ The amendment(s) was/were adopted by the incommendation was not required.	corporators without shareho	lder action and sharehold	ier	
Dated 8/5/16	<u> </u>			
Signature Cynthia	2) Turk			
(By a director, preside	ent or other officer if direc			
selected, by an incorp appointed fiduciary b	orator – if in the flands of a v that fiduciary)	receiver, trustee, or other	r court	
<u>Cyn</u>	Thia J N yped or printed name of pers	etwia		
(1)	yped or printed name of pers	son signing)	1-	
<u> </u>		secretary	Director	
	(Title of person sig	gning) / /		