## P250000 Zz900

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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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06/17/25--01903--025 \*\*35.00

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ABA CHRISTIAN                                  | SCHOOL INC   |  | _  |
|--|--|--|--|--|
| DOCUMENT NUMB  | P25000022900                                   |  |  | _  |
| The enclosed Articles  | of Amendment and fee are su                    | bmitted for filing.  |  |  |
| Please return all corres   | pondence concerning this ma                    | tter to the following:   |  |  |
|  | NILSA NIEVES                                   |  |  |  |
|  |  | Name of Contact Person   | ו  |  |
|  |  | Firm/ Company  |  |  |
|  | 694 GARDEN GATE DR                             |  |  | (A   |
|  | DUNDEE FL 33838                                | Address  |  | TANCE OF THE PERSON OF THE PER |
|  |  | City/ State and Zip Cod  | e  |  |
|  | ABACS.ABAFL@GMAIL.C                            | СОМ  |  | r  |
|  | E-mail address: (to be us                      | sed for future annual report                                       | notification)  | -  |
| For further information  | n concerning this matter, pleas                | se call:   |  | - <u>-</u>   |
| NILSA NIEVES   |  | at (   | 860-0563   |  |
| Name of Contact Person   |  | Area Co  | de & Daytime Telephone Ni  | ımber  |
| Enclosed is a check for  | r the following amount made                    | payable to the Florida Dep   | artment of State:  |  |
| ■ \$35 Filing Fee  | ☐\$43.75 Filing Fee &<br>Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed)         |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Ameno<br>Divisio<br>The C<br>2415 i                                | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 assee, FL 32303 | 0  |

## Articles of Amendment to Articles of Incorporation of

| $\Lambda R \Lambda$ | CHR   | ATTA     | ON SCI | TOOS     | INC  |
|---------------------|-------|----------|--------|----------|------|
| /A   13/A           | V.IIK | 1.5 1.17 | 11 7 7 | 11 /1 /1 | 1111 |

| <del></del>   | of Corporation as currentl    | v filed with the Florida Dept. of State)   | -                                     |
|---|-------------------------------|--|---------------------------------------|
| P25000022900  |                               | ·  |                                       |
|   | (Document Number of           | f Corporation (if known)   |                                       |
| Pursuant to the provisions of section 607 its Articles of Incorporation:  | .1006, Florida Statutes, this | Florida Profit Corporation adopts the followin   | g amendment(s) to                     |
| A. If amending name, enter the new n  | ame of the corporation:       |  |                                       |
| name must be distinguishable and contain<br>"Inc.," or Co.," or the designation "C<br>"chartered," "professional association, | Corp," "Inc," or "Co". A      | company," or "incorporated" or the abbreviation professional corporation name must contain | _The new<br>on "Corp.,"<br>n the word |
| B. Enter new principal office address,  |                               |  |                                       |
| (Principal office address <u>MUST BE A S</u>  | TREET ADDRESS )               |  | 20                                    |
|   |                               | =======================================  | 27                                    |
|   |                               |  |                                       |
| C. Enter new mailing address, if appl   |                               | 72 P.  |                                       |
| (Mailing address MAY BE A POST  | OFFICE BOX)                   |  |                                       |
|   |                               | ·  |                                       |
|   |                               | •  |                                       |
|   |                               | · · · · · · · · · · · · · · · · · · ·  | <u></u>                               |
| D. If amending the registered agent ar  |                               |  |                                       |
| new registered agent and/or the new   |                               | <u>:</u>   |                                       |
| Name of New Registered Agent  | NILSA NIEVES                  |  | _                                     |
|   | 694 GARDEN GATE DR            |  |                                       |
|   | (Florida str                  | vet address)   | -                                     |
| New Registered Office Address:  | DUNDEE FL                     | Florida 33838  |                                       |
| wen neganita come maness.   |                               | (City) (Zip C  | "ode)                                 |
|   |                               |  |                                       |
|   |                               |  |                                       |
| New Registered Agent's Signature, if c  |                               |  |                                       |
| i nereny accept the appointment as regist   | erea agent. Tam jamiliar w    | with and accept the obligations of the position.   |                                       |
|   | Signature of New Re           | egistered Agent, if changing   | -                                     |

## Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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                      | <u>PT</u>                | John Do  | <u>oe</u>           |                      |
|-------------------------------|--------------------------|----------|---------------------|----------------------|
| X Remove                      | $\underline{\mathbf{V}}$ | Mike Jo  | nes                 |                      |
| X Add                         | <u>sv</u>                | Sally Sn | <u>nith</u>         |                      |
| Type of Action<br>(Check One) | Title                    |          | <u>Name</u>         | <u>Addres</u> s      |
| 1) Change                     | О                        |          | ABA HAINES CITY INC | 116 N 22ND ST        |
| Add                           |                          | _        |                     | HAINES CITY FL 33844 |
| X Remove                      |                          |          |                     |                      |
| 2) Change                     |                          | _        |                     | <del></del>          |
| Add                           |                          |          |                     |                      |
| Remove 3 ) Range              |                          | _        |                     |                      |
| Add                           |                          |          |                     |                      |
| Remove                        |                          |          |                     |                      |
| 4) Change                     |                          | _        |                     |                      |
| Add                           |                          |          |                     |                      |
| Remove                        |                          |          |                     |                      |
| 5) Change                     |                          | _        |                     |                      |
| Add                           |                          |          |                     |                      |
| Remove                        |                          |          |                     | <u> </u>             |
| 6) Change                     |                          |          |                     |                      |
| Add                           |                          |          |                     |                      |
| Remove                        |                          |          |                     |                      |

| Attach additional sheets, if necessar | Articles, enter change(ry). (Be specific) | <del></del> -           |               |                 |
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|                                       |   |                         |               |                 |
| f an amendment provides for an e      | exchange reclassificati                   | ion, or cancellation of | issued shares |                 |
| provisions for implementing the a     | amendment if not cont                     | ained in the amendme    | ent itself:   |                 |
| (if not applicable, indicate N/A      | )   |                         |               |                 |
|                                       |   |                         |               |                 |
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1 . . .

| The date of each amendment(s fate this document was signed.        | ) adoption:   | , if other than the                           |
|--|---|---|
| Effective date if applicable:                                      |   |   |
|  | tno more than 90 days after amendment fi  | le date)                                      |
| Note: If the date inserted in the locument's effective date on the | s block does not meet the applicable statutory filing required Department of State's records.   | irements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |   |
| ■ The amendment(s) was/were action was not required,               | adopted by the incorporators, or board of directors without   | shareholder action and shareholder            |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast for a sufficient for approval.  | the amendment(s)                              |
|  | approved by the shareholders through voting groups. The j<br>for each voting group entitled to vote separately on the am  |   |
| "The number of votes c   | ast for the amendment(s) was/were sufficient for approval   |   |
| by   | ;   | ,   |
| • ==   | (voting group)  |   |
| 5/19/20:<br>Dated  | <u> </u>  |   |
| sele   | a director, president or other officer – if directors or officer cted, by an incorporator – if in the hands of a receiver, trus binted fiduciary by that fiduciary) |   |
|  | NILSA NIEVES  |   |
|  | (Typed or printed name of person signing)   |   |
|  | PRESIDENT   |   |
|  | (Title of person signing)   |   |