Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000462213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : COMPANY CORBO, LLC Account Number : I20160000033 : (866)428-2030 Phone : (407)308-0481 Fax Number **Enter the email address for this business entity to be used for futuFe annual report mailings. Enter only one email address please.** Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN ABSOULUTE CHRISTIAN UNIVERSITY, CORP

Certificate of Status	0
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14073080481 From: Diego Sampaio

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COVER LETTER

TO: Amendment Sec Division of Corp							
NAME OF CORPO	RATION: ABSOULUTE CH	RISTIAN UNIVERSITY,	CORP				
DOCUMENT NUM	IBER: P18000092395						
	s of Amendment and fee are su	bmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	KIMBERLY MESA						
	<u> </u>	Name of Contact Person	n				
	COMPANY COMBO, LLC						
		Firm/ Company					
	2815 DIRECTORS ROW STE 100						
		Address					
	ORLANDO, FL 32809						
		City/ State and Zip Cod	e				
INF	Q@COMPANYCOMBO.CON	1					
		sed for future annual report	notification)				
For further information	on concerning this matter, pleas	e call:					
KIMBERLY MESA		866 at (428-2030				
Name	of Contact Person	at (866 428-2030 Area Code & Daytime Telephone Number					
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artiment of State:				
■ \$35 Filing Fee	☐\$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)				
<u>M</u> :	ailing Address	Street Address					
	nendment Section		Iment Section				
	vision of Corporations	Division of Corporations					
), Box 6327 Hahassee, FL 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

2019-02-08 16:17.59 (GMT)

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Articles of Amendment to Articles of Incorporation of

ABSOULUTE CHRISTIAN UNIVERSITY, CORP			
(Name of Corporation	as currently filed with the Florid	a Dept. of State)	
P18000092395			
(Documer	nt Number of Corporation (if knows	1)	
Pursuani to the provisions of section 607,1006, Florida S its Articles of Incorporation:	natures, this Florida Profit Corpore	ntion adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corp	noration:		
Absoulute Christian University International Education (Corporate	$Th_{\mathcal{P}}$	пеш
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"Inc," or "Co". A professional of	incorporated" or the abbrevi	ation
B. Enter new principal office address, if applicable:		·	
(Principal office address MUST BE A STREET ADDR.	<u>ESS</u>)		19
	· · · · ·		<u> </u>
		<u> </u>	-6
C. Enter new mailing address, if applicable:			8
(Muiling address <u>MAY BE A POST OFFICE BOX</u>)			 -
			_ - -
		일 [.	<u> </u>
)-	- 33
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		he name of the	
new registered agent and/or the new registered on	nee address.		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: om familiar with and accept the obl	igations of the position,	
Signan	ure of New Registered Agent, if cha	nging	

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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 ~ Trustec; 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: X Change	<u>PT</u>	John Do	<u>%:</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	\underline{SV}	Sally Sp	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add	<u></u>	-		
Remove				
3) Change				
		_		
Add				
Remove				
4) Change		 -		
Add				
Remove				
6) 6)				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

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(Attach <i>addi</i>	tional sheets, if necessary).	icles, enter change(8) here: (Be specific)
<u>prov</u> i	Iment provides for an excl for implementing the ame applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
10. FL		
19:01		
J4 :01		

To: FL	ORIDA SUNBIZ CORPORATION F	Page 7 of 7	2019-0	2-08 16:17:59 (GMT)	14073080481 From: Diego Sampaio
Docu	Sign Envelope ID: 3634D842-166D-4899	-812C-B9 B C08	F429BC		
	The date of each amendment(s) ad date this document was signed.	02-0 option:	1-2019		, if other than the
	Effective date <u>if applicable</u> :		(no more t	han 90 days after amendment fil	e date)
	Note: If the date inserted in this bl document's effective date on the Dep	ock does not partment of S	meet the state's recor	applicable statutory tiling requireds.	rements, this date will not be listed as the
	Adoption of Amendment(s)	(CHE	CK ONE)		
	The amendment(s) was/were ado by the shareholders was/were su			6. The number of votes east for the	he amendment(s)
	☐ The amendment(s) was/were app must be separately provided for				
				as/were sufficient for approval	
	by	(volin	g group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	☐ The amendment(s) was/were ado action was not required.	pted by the b	oard of dire	ectors without shareholder action	and shareholder
	☐ The amendment(s) was/were ado action was not required.	pied by the in	corporator	s without shareholder action and	shareholder
	02-01- 2 019 Dated		· -		
	Signature (By a di selected appoint	EXANDRE SAL	oorator – if y that fidu	•	have not been be, or other court
	•	(7)	yped or pr	inted name of person signing)	
		PRESIDENT			

(Title of person signing)