

# FD1000002143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

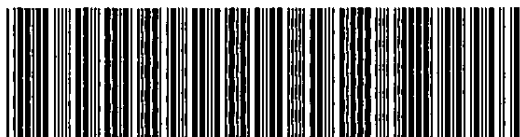
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FILED  
10 MAY 28 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4 Roberts JUN 01 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2010

DOUGLAS S. CLARK  
TIGRENT INC.  
1612 E. CAPE CORAL PKWY  
CAPE CORAL, FL 33904

RECEIVED

MAY 24 2010

SUBJECT: WHITNEY INFORMATION NETWORK, INC.  
Ref. Number: F01000002143

We have received your document for WHITNEY INFORMATION NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application. The amendment should be filed after the occurrence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 110A00012723

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Whitney Information Network, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F01000002143

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Doug Clark  
Name of Contact Person

Tigrent Inc.  
Firm/Company

1612 E. Cape Coral Pkwy  
Address

Cape Coral, FL 33904  
City/State and Zip Code

dougclark@tigrent.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Clark at ( 239 ) 443-1620  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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)

**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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F01000002143

(Document number of corporation (if known))

FILED  
10 MAY 28 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Whitney Information Network, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Colorado

(Incorporated under laws of)

3. 4/23/2001

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 9/21/2009

5. Tigrent Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Constance M. Schwarberge

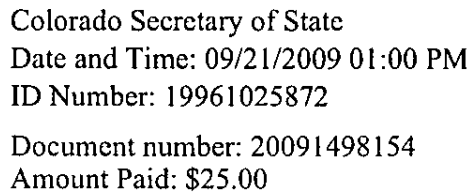
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Constance M. Schwarberge

(Typed or printed name of person signing)

Secretary

(Title of person signing)



Document processing fee  
If document is filed on paper  
If document is filed electronically  
Fees & forms/cover sheets  
are subject to change.  
To file electronically, access instructions  
for this form/cover sheet and other  
information or print copies of filed  
documents; visit [www.sos.state.co.us](http://www.sos.state.co.us)  
and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

ID number: 19961025872

1. Entity name: WHITNEY INFORMATION NETWORK, INC.

(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name:  
(if applicable)

Tigrent Inc.

3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):

- ☐ "bank" or "trust" or any derivative thereof  
☐ "credit union" ☐ "savings and loan"  
☐ "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

6. If the corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

**OR**

If the corporation's period of duration as amended is perpetual, mark this box: ☒

7. (Optional) Delayed effective date:

(mm/dd/yyyy)

**Notice:**

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

8. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Clark Douglas  
(Last) (First) (Middle) (Suffix)  
1612 E. Cape Coral Parkway  
(Street name and number or Post Office information)  
Cape Coral FL 33904  
(City) (State) (Postal/Zip Code)  
United States  
(Province - if applicable) (Country - if not US)


(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
Document No. \_\_\_\_\_  
consisting of \_\_\_\_\_ pages filed by the  
Colorado Secretary of State in the records  
of the Secretary of State

  
Secretary of State

Date \_\_\_\_\_

