F23000002058

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Filone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE DEC 18 2023 |

Office Use Only



800419221728

11/27/23--01039--002 **43.75



November 13, 2023

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Career Pathway and Training Center, Inc.

To Whom It May Concern:

Enclosed please find the following:

- Articles of Amendment; and
- A check for \$43.75 for the filing fees payable to Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or jjohnson@andersonadvisors.com.

Thank you,

Joyce Johnson

COVER LETTER

| TO: Amendm | ent Section Division of Corporati | ons | |
|-------------------------|--|-------------------------------------|--|
| SUBJECT: Career | r Pathway and Training Center, In | nc. | |
| | Nam | e of Corporation | |
| DOCUMENT NU | JMBER: F23000002058 | | |
| The enclosed Ame | endment and fee are submitted for | filing. | |
| Please return all co | orrespondence concerning this ma | atter to the following: | |
| Joyce Johnson | | | |
| | Name of Contact Person | | |
| | | | |
| | Firm/Company | | |
| 3225 McLeod Driv | ve, Suite 100 | | |
| | Address | | |
| Las Vegas, Nevad | a 89121 | | |
| | City/State and Zip Code | | |
| ra@andersonadvis | ors.com | | |
| E-mail addre | ss: (to be used for future annual r | eport notification) | |
| For further information | ation concerning this matter, plea | se call: | |
| Joyce Johnson | | 800 706-4741 | |
| Name | e of Contact Person | Area Code & Daytime | Telephone Number |
| Enclosed is a check | k for the following amount: | | |
| \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy |

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

| F2: | 3000002058 | | فعا ہے۔ معرف |
|---|--|---|--|
| _ | (Document number of | of corporation (if known) | |
| Career Pathway and Training Center, Is | nc. | | (%) (|
| (Name of | f corporation as it appears or | n the records of the Depar | tment of State) |
| Nevada | | _ 03/21/2023 | ••• |
| (Incorporated unde | er laws of) | (Date author | rized to do business in Florida) |
| (4 | SEC ⁻ -7 COMPLETE ONLY TE | TION II HE APPLICABLE CHA | NGES) |
| If the amendment changes the name of incorporation? | | | the laws of its jurisdiction of |
| (Name of corporation after the amenda not contained in new name of the corp | ment, adding suffix "corpora oration) | ation," "company," or "inc | corporated," or appropriate abbreviation |
| If new name is unavailable in Florida, | enter alternate corporate na | me adopted for the purpos | e of transacting business in Florida) |
| If the amendment changes the per | iod of duration, indicate nev | w period of duration. | |
| | (New | duration) | |
| If the amendment changes the juri | sdiction of incorporation, in | ndicate new jurisdiction. | |
| | (New iu | urisdiction) | |
| | | , | |
| If amending the registered agent and | | | name of the |
| new registered agent and/or the new | registered office address: | | |
| Name of New Registered Agent | | | |
| | (Florida stre | eet address) | |
| New Registered Office Address: | | | , Florida |
| | (City, |) | , Florida (Zip Code) |
| New Registered Agent's Signature, | if changing Registered Acc | ent: | |
| I hereby accept the appointment as reg | stered agent. I am familia | 2 ir with and accept the obli | igations of the position. |
| | | | |
| Signature of New Ra | egistered Agent if changing | | |

| | <u>Name</u> | Address | Type of Action |
|---|---|---|--|
| Yash | Sharma | 3225 McLeod Drive, Suite 100 | ☑Add |
| | | Las Vegas, Nevada 89121 | Remove |
| | | | bbA□ |
| | | | Remove |
| | | | 🗖Add |
| | | | |
| | | | |
| | | | |
| | | | □ Add |
| | | | Remove |
| Attached is a certific of the application to under the laws of wi | cate or document of similar import the Department of State, by the Sec nich it is incorporated. | , evidencing the amendment, authenticate retary of State or other official having cust | ed not more than 90 days prior to delive ody of corporate records in the jurisdice |
| Ġ | Xaura Z Carmichau (Signature of a di | rector, president or other officer - if in the recourt appointed fiduciary, by that fiduciary. President | hands of |
| Laura L. Carmid | a receiver of othe | r court appointed fiduciary, by that fiducial President | ary) |

FILING FEE \$35.00