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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Central Florida Higher Educational Alliance, IM
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Liza Ferreira (Name of Contact Person)
Nova Southeastern University (Firm/ Company)
4850 Millenia Boulevard (Address)
Orlando Florida 32839 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Liza Ferreira at (407) 264-5606 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Enclosed) Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Central Florida Highe	r Educational Alliance, INC.				
(Name of Corporation as current	y filed with the Florida Dept. of State)				
<u>N0000006492</u>					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the following				
A. If amending name, enter the new name of the corporation	ν α:				
name must be distinguishable and contain the word "corporali	on" or "incorporated" or the appreviation "Corp." or "Inc."				
"Company" or "Co." may not be used in the name.					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4850 Millenia Boule Votelit to				
(reincipal office address MOST BE A STREET ADDRESS)	Oclardo, FC 32839 = = = =				
	Wi or in				
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
	25				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac					
Name of New Registered Agent: LIZG	Ferreira Ed.S				
	Millenia Boulevard				
New Registered Office Address:	(Florida street address)				
	Oclando Florida 32839				
<u></u>	(City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Alberthy accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.				
	XIV				
Si	enhture of New Registered Agent, if changing				

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 = 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.

Example: X Change X Remove X Add	V Mike	Doe c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X _ Change	P	Liza Ferreira, Ed.S.	4850 Millenia Blud
Add			Orlando, FC 32839
Remove			
2) Change	D	Richard Hudnott, E	1.D. 4850 Millenia Blue — Olando FL 32839
Add			Ulando, FC S2039
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arts (attach additional sheets, if necessary).	(Be specific)
<u>. </u>	<u> </u>

The date of each amendment(s) adoption:date this document was signed.		_, if other than the	
	ective date if applicable: (no more than 90 days after amendment file date)		
<u>Not</u> doc	(e) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lument's effective date on the Department of State's records.	oe listed as the	
Add	option of Amendment(s) (CHECK ONE)		
図	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	Dated 2 1 2019		
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors	_	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
	Lizu ferreira, Ed.S.		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		