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SECRETARY OF STAFF

Amer Dy N. C C.COULLIETTE

FEB 1 1 2011

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: 40905	Pollege And Som	MARY, IN		
DOCUMENT NUMBER: 10300	•			
The enclosed Articles of Amendment and fee are submi	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
Charles TRA (Name of Co				
Logos University (Firm/Company)				
6620 Southpe	riut Da. So. 5	uite 302		
JACKSon ville (City/ State a	FL 32210 and Zip Code)	<u>6</u>		
E-mail address: (to be used for	or future annual report notification)			
For further information concerning this matter, please ca	II:	/		
Charles TRAVIS (Name of Contact Person)	at (<u>904</u>) <u>613</u> - 8 (Area Code & Daytime Telep	ohone Number)		
Enclosed is a check for the following amount made paya	ble to the Florida Department of State	ə:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy Cert (Additional copy is Cert enclosed) (Ad	552.50 Filing Fee tificate of Status tified Copy ditional Copy 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	,		

Articles of Amendment to Articles of Incorporation

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<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: 40905 University Full 301-11 The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "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) Suite 303
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) LOGOS UNIVERSITY POB 35 1148
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: SAME AS GEFORE
New Registered Office Address: (Florida street address)
(City), Florida, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing Page 1 of 3

· 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
(attach	nding or adding additional Article additional sheets, if necessary).	(Be specific)	
			
		/	
	/		
			

The date of each amendment(s) ac	doption: 2 - (- 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)