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A Bitter

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Kairos University J 1100000047 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CORID WOLMINET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Score at 239 274 8581 ×242
(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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

Karros University Inc.	
(Name of Corporation as currently filed with the Florida	Dept. of State) 2021 HAR -1 PM 3: 54
N 11 00000 475	
	per of Corporation Atlantage STATE
(Document Numb	Set of Corporation Received My SSEE, FL
Pursuant to the provisions of section 617,1006. Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
	The new
	ttion" 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)
C. F	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office rew registered agent and/or the new registered office:	
	•
Name of New Registered Agent: COF	Ri Smith
61)	1 South Pointe Bird
	(Florida street address)
New Registered Office Address:	
7	ret Wers Florida 33919
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	
	Cori Smith
<u> </u>	ignature of New Registered Agent, if changing

and address of each (Attach additional she Please note the office P = President; V= Vi	Officer and/or Dir vets, if necessary) v/director title by th ce President: T= Tr O = Chief Financia	e first letter of the office title: easurer: S= Secretary; D= Director; TR= To il Officer. If an officer/director holds more th	custee; C = Chairman or Clerk; CEO = Chief
Changes should be no a change, Mike Jones Mike Jones, V as Rem	leaves the corporal	tion, Sally Smith is named the V and S . These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	P	Donald L Poque	13450 Grangate Blud # 314 Ft Myers Ft. J 33419
Remove 2) Change Add	EVP	Debra A Pogue	13450 Grangate Blvd #314 Ft Might Fel 33919
Remove 3) Change Add Remove	REO	Gaspar Anastasi	SSIS Bancian Cort Circle
4) Change Add	I	Cori Smith	4790 Albacove Lave FT Mess FE 33419
Remove 5) Change Add	S	Annette Scora	14901 Park Lake Dr #109 Fort Mujors FC 339119
Remove 6) Change Add		Michele Avaistresi	8818 Binger Care Circle Fr high ti 33719
Remove	ddin o oddielood A	utials and an abandot Abando	
	sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	
Add N	ugdalia C	tere-Torry as a i	Director
	<u> 15811)</u> T	Centist Point Circle F 20	21
	<u> </u>	Mys FE 53919	

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The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	loes not meet the applicable statutory filing requirements, this date will no ment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amondment of waste are a lower	ed by the members and the number of votes cast for the amendment(s)	
was/were sufficient for approval.	ed by the members and the number of votes east tor the amendment(s)	

Dated $2-19-31$
Signatury Offer Market
(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)
CHSIAN MISIAS/ CSIME
(Typed or printed name of person signing)
PESIDENT/CEO
(Title of person signing)

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