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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Sarasota University	, Inc.			
	N12000006819		·		
DOCUMENT NUMBER:					_
The enclosed Articles of Ar	mendment and fee are sub	emitted for filing.			
Please return all correspond	dence concerning this matt	er to the following:			
Dr. Cheryl Ogrodnik					
		(Name of Contact Per	rson)		-
Sarasota University, Inc.					
-		(Firm/ Company))		_
6466 WATERCREST WA	Y. Suite 301				
		(Address)			_
LAKEWOOD RANCH, FI	L 34202				
		(City/ State and Zip C	Code)		_
mseldin@guidedstudies.co	m				
	E-mail address: (to be used	d for future annual repo	ort notificatio	n)	_
For further information con	cerning this matter, please	e call:			
Marc Seldin		at	443	851-1787	
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the	following amount made pa	ayable to the Florida D	epartment of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing	t alalmona	C.			

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

Articles of Amendment to Articles of Incorporation of

Sarasota University, Inc.			,	
(Name of Corporation as currently filed with th	<u>e Florida</u>	Dept. of State)	- 1/	J. ~ 1
N12000006819			<u> </u>	
(Досиг	nent Num	per of Corporation (if	known)	
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statu	tes, this <i>Florida Not I</i>	For Profit Corporation adopts th	ie followinį
A. If amending name, enter the new name of th	e corpora	tion:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ttion" or "incorporat	ed" or the abbreviation "Corp."	or "Inc."
	_			
B. Enter new principal office address, if application of the ASTREET A STREET A STRE		·)		
			-	
C. Enter new mailing address if applicable.				_
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE	BOX)	Kitty Bravo		
		4532 West Kennedy	Blvd., Suite 233	
		Tampa, FL 33609		
				
D. If amending the registered agent and/or regi	stered off	ice address in Florid	a, enter the name of the	
new registered agent and/or the new register				
Name of New Registered Agent:	Kitty Bra			
	3517 70t	h Street North		
New Registered Office Address:		(.	Florida street address)	
Negweres Office Judi Elis-	St. Peter:	Sburg	33710	
		(City)	, Florida (Zip Code)	_
		•	(infraction)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered	Agent:	u thanklingtions of the engiries	
meter, accept the appointment as registered agen	a. rum ja	SIL	a inequinigations of the position.	
		Netter	(D)aud	

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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Board Chair	DR. CHARLES MLYNARCZYK	7715 ASHLEY CIRCLE UNIVERSITY PARK FL 34201
× Remove			
2) Change Add	Director	DR. MICHAEL MARKOVITZ	ONE BEN FRANKLIN DRIVE SARASOTA FL 34236
X Remove	Board Chair	Marc Seldin	6821 Cool Pond Road Raleigh, NC 27613
4) Change Add	Director	Kitty Bravo	3517 70th Street North St. Petersburg, FL 33710
Remove			
5) Change Add	Director	Tim Seldin	19600 FL-64 Bradenton, FL 34212
Remove			
6) Change Add		-	
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	, ,, ,		
	- · · · · · · · · · · · · · · · · · · ·		

		
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date if applicable: 8/27/2021		
(no more tha	n 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	ne applicable statutory filing requirements, this date will records.	l not be listed as the

Adoption of Amendment(s) (CHECK ONE)

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 $8/3/302$
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)
Marc Seldin (Typed or printed name of person signing)
Chair, Board of Directors (Title of person signing)

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