1114000057168

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Center for Prages and Excellence Inc.	
DOCUMENT NUMBER: N1400007168	
DOCUMENT NUMBER: 101710000 1198	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ratael Hex Oliveres (Name of Contact Person)	
The Conter for Progress and Exaceller	
(360 Techster Blud Svite 1, Fort Myurs, FL 33966 (Address)	
(City/ State and Zip Code)	
E-mail address: (tope used for future annual report notification)	レ
For further information concerning this matter, please call:	
Rafael Olivaes at 239 (77-6172 (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 & □ \$52,50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$52,50 Filing Fee Certificate of Status (Additional copy is Enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Center for Praces and Ex	cellence Inc.	
(Name of Corporation as cu	arrently filed with the	Florida Dept. of State)
N14000007168		
(Document ?	Number of Corporation	(it known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida No	t For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corp	ooration:	
		The nev
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	poration" or "incorpo	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	ESS)	
Trincipal office address Most De STREET HOUR		
C. Enter new mailing address, if applicable:	1	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		. 0
		-
D. If amending the registered agent and/or registered		ida, enter the name of the
new registered agent and/or the new registered of	nçe address:	
Name of New Registered Agent:	* ***********************************	
		(Florida street address)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: am familiar with and ac	cept the obligations of the position.
	Signature of New R	egistered 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>CEO</u>	Elizabeth Dosonte	
Add Remove			
2) Change	<u>COO</u>	Philip Cirrone	
Add Remove			
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Remove			

the date of each amendment(s) adoption:	, if other than the
ffective date if applicable: 19/18 (no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	ts, this date will not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	: amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	.(s) was/were
Dated 11/20/2018	
Signature Alicat Intel	10.11
(By the chairman or vice chairman of the board, president or other offic have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	
Daclene Andect (Typed or printed name of person signing)	
President, Board of Dicertocs (Title of person signing)	
(Time or person ingling)	