

N170000002146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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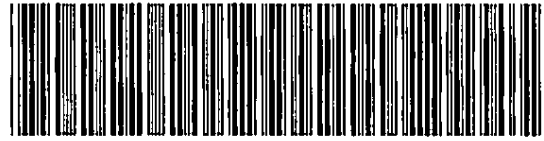
(Business Entity Name)

(Document Number)

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2017 AUG 21 AM 9:23

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EXPANSION INTERNATIONAL UNIVERSITY, INC

DOCUMENT NUMBER: N17000002146

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE D. VELASQUEZ  
 Name of Contact Person

REGISTERED AGENT  
 Firm/ Company

7816 W SAMPLE RD  
 Address

CORAL SPRINGS, FL 33065  
 City/ State and Zip Code

expansionministerio1@gmail.com  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE D. VELASQUEZ at (561) 543-3814  
 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 & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

2017 AUG 21 AM 9:29  
 RECEIVED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

EXPANSION INTERNATIONAL UNIVERSITY, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N17000002146

(Document Number of Corporation (if known))

2017 AUG 21 AM 9:28  
RECEIVED  
OFFICE OF  
SECRETARY OF  
STATE

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *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**)*

7816 W SAMPLE RD CORAL SPRINGS FL 33065

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

7816 W. SAMPLE RD, CORAL SPRINGS, FL 33065

**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:* \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

*New Registered Office Address:*

\_\_\_\_\_  
*(City)*

Florida

\_\_\_\_\_  
*(Zip Code)*

**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*

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>V</u>	<u>JOSE D TOVAR</u>	<u>6901SW 76DR TAMARA FL 3332</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>CARLOS A. BELTRAN</u>	<u>7816 W. SAMPLE RD CORAL SP</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Adding additional Articles: The titles of Degrees issued the Institution cannot be confused with the secular degree titles.

for this purpose, each degree title must include a Religious modifier that immediately precedes, or as included within, any of

the following degrees: Associate of Arts, Associate of Science, Bachelor of Arts, Bachelor of Science, Master of Arts,

Master of Science, Doctor of Philosophy, Doctor of Education, Administration, Psychology I, Psychology II,

Five levels in general education.; Technicians and Diplomas, Bachelor's, Master's, Doctorate. Holistic Health Diploma

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: August 5/2017, if other than the date this document was signed.

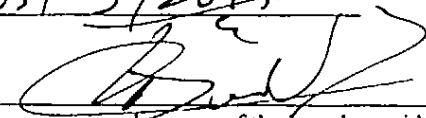
Effective date if applicable: IMMEDIATELY  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 August 5/2017

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~~)

DANIEL VELASQUEZ

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)