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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ST. ANTHONY'S ST.	CHOOL OF HIGHER	EDUCATIO	N. INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
JOHNNY A. GASPARD			
	(Name of Contact Per	rson)	
JOHNNY A. GASPARD, PLLC			
	(Firm/ Company)		
6625 MIAMI LAKES DR.			
	(Address)		<u>. </u>
MIAMILAKES, FL 33014			
	(City/ State and Zip C	ode)	
J.GASPARD@JAG1LAW.COM			
E-mail address: (to be used	for future annual repo	ort notification	
For further information concerning this matter, please	call:		
JOHNNY A. GASPARD		305	827-8087
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of !	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

ST. ANTHONY'S SCHOOL OF HIGHER EDUCATION, INC.

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(Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)
N17000007754		· · · · · · · · · · · · · · · · · · ·
(Document N	lumber of Corporation (if l	(nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRI	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		, enter the name of the
N/A	ice addi ess.	
Name of New Registered Agent:		
		- lorida Mreet address)
New Registered Office Address:	***	azzini sizi i ano est
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		t the obligations of the position.
	Signature of New Region	tered Agent, if changing
	- organiae by then alega	acrea agent, y enunging

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	<u>V</u> <u>Mik</u>	n Doc te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	MICHAEL FREEMAN	7972 Pines Blvd., #245723
Add			Pembroke Pines, FL 33024
X Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Ch			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)						
N/A						
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. • •	May 31, 2019	
The date of each amedate this document was		, if other than th
Effective date if appli	May 31, 2019	
incenve date <u>in appir</u>	(no more than 90 days after amendment file date)	
	ted in this block does not meet the applicable statutory filing requirements, this date will rate on the Department of State's records.	not be listed as the
Adoption of Amendm	nent(s) (<u>CHECK ONE</u>)	
☐ The amendment(s was/were sufficient	a) was/were adopted by the members and the number of votes cast for the amendment(s) int for approval.	
There are no men adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
Dated	May 31, 2019	
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)	
	JOHNNY A. GASPARD	
	(Typed or printed name of person signing)	
	DIRECTOR, President	
	(Title of person signing)	