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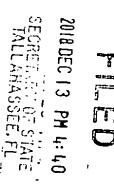
(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I		
V	mare f	ma.
	Office Use On	lv



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R. WHITE DEC 13 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: THE CENTER FO	DR FINANCIAL EDUCAT	ION INC	
DOCUMENT NUM	1110000000000			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	STEPHEN R FACELLA			
		Name of Contact Person	1	
	THE CENTER FOR FINANCIAL EDUCATION, INC			
		Firm/ Company		
	1301 E BROWARD BLVD	SUITE 330 -335		
		Address		
	FT LAUDERDALE FL 3	3301		
		City/ State and Zip Cod	e	
STF	EPHENFACELLA@YAHOO.C	COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	on concerning this matter, pleas	se call:		
STEPHEN R FACELLA		954 at (245-6677	
Nam	e of Contact Person	Arca Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment 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)	
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301



December 4, 2018

STEPHEN R FACELA 1301 E BROWARD BLVD STE 330-335 FT LAUDERDALE, FL 33301

SUBJECT: THE CENTER FOR FINANCIAL EDUCATION, INC.

Ref. Number: N18000000995

We have received your document for THE CENTER FOR FINANCIAL EDUCATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 518A00024864

RECEIVED

SCHEDIATY OF TRACE
JALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPORATION: THE	CENTER FOR FINANCIAL Education, FN
DOCUMENT NUMBER: <u>X 1800</u>	0000 995
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
STEPHEN R.	FACELIA
	(Name of Contact Person)
	(Firm/ Company)
1301 E. BRE	(Address) (STE 330-335)
FT LAuderdale	$\frac{2}{FL} \frac{3330}{330}$ (City/ State and Zip Code)
	•
STEPHEN FACELLA @	d for future annual report notification)
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	: call:
STEAKEN R FACE IIA	at 214 245.6677 (Area Code) (Daytime Telephone Number)
(Same of Contact Persor	.,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Boy 6327	Cliffon Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



THE CENTER FOR F (Name of Corporation N/8 000000 9	Enancial	Education 13 PM 4: 40
(Name of Corporation	as currently filed w	ith the Florida Dep Pof State)
N/X 000000 9	°9 (TALLAHASSEE FIATE
(Docum	nent Number of Corp	oration (if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Flo</i>	orida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the		N/A The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or " 2.	N//t The new incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ble:</u> <u>DDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A
D. If amending the registered agent and/or registered agent and/or the new register		s in Florida, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address;</u>		(Flanda sifeefaddress)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen	Registered Agent: u I am familiar wit	h and accept the obligations of the position.
_		N A if New Registered Agent, if changing
_	Signature o	f 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: X Change X Remove X Add	<u>V <u>Mil</u></u>	n Doe se Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>Cfo</u>	PAUL M. ZOCH	1301 E. BROWARD Blud Suite 330-335 FT Guderdale, FL 33301
2) Change Add Remove			
3) Change Add Remove			
4) Change	.		
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	specific)		
		<u></u>	
			-
		<u></u>	
		<u> </u>	
		<u>-</u> .	
		_	
	<u></u>		<u> </u>

The date of each amendment(s) :	adoption: November 20, 2018 i	f other than th
date this document was signed.		
Effective date <u>if applicable</u> :	November 20, 2018 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be li Department of State's records.	isted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes east for the amendment(s) oval.	
There are no members or mer adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated <u>De</u>	ecember 11, 2018	
Signature	CEO	
have not h	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	
	STEPHEN R. FACE/IA	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	