N18000002698

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER,

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: | E ACADEMIC ENTERPRIS | ES OF FOR | I MYERS CORPORATION | _ |
|--------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------|------------------------------------------------------------|---|
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee a | are submitted for filing. | | | |
| Please return all correspondence concerning the | is matter to the following: | | | |
| Carmen Perez | | | | |
| | (Name of Contact Pers | son) | | _ |
| COLLEGIATE ACADEMIC ENTERPRISES | OF FORT MYERS CORPOR | RATION | | |
| | (Firm/ Company) | | | - |
| 2525 Ponce De Leon Boulevard #300 | | | | |
| | (Address) | - | ************************************** | - |
| Coral Gables, FL | | | | |
| | (City/ State and Zip Co | ode) | | - |
| info@thecenterforadvancement.net | | | | |
| E-mail address: (to l | be used for future annual repor | rt notificatio | n) | - |
| For further information concerning this matter, | please call; | | | |
| Carmen Perez | 2 at | 202 | 7351658 | |
| (Name of Contact | | | (Daytime Telephone Number) | |
| Enclosed is a check for the following amount n | nade payable to the Florida De | epartment of | State: | |
| ■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$ | | Certit Certit | 0 Filing Fee icate of Status ied Copy tional Copy is osed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Amei Divis | et Address ndment Sect sion of Corp Centre of T | orations | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida I | Dept. of State) | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------|
| N18000002698 | | |
| (Document Numb | er of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | | e followin _l |
| A. If amending name, enter the new name of the corporat | ion: | |
| The Center for Advancement Inc. | | The new |
| name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name. | tion" or "incorporated" or the abbreviation "Corp." | or "Inc." |
| B. Enter new principal office address, if applicable: | 2525 Ponce De Leon Boulevard #300 | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | Coral Gables, Florida 33134 | · |
| | | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2525 Ponce De Leon Boulevard #300 | |
| | Coral Gables, Florida 33134 | _ |
| | | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | | |
| Name of New Registered Agent: | <u>uuress.</u> | |
| | | |
| New Business (OC) and discuss | (Florida street address) | |
| New Registered Office Address: | | |
| | | |
| | (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered | Agent. | : |
| I hereby accept the appointment as registered agent. I am fai | | HASSEE HASSEE |
| Si | gnature of New Registered Agent, if changing | - <u> </u> |

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>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally Si | ones | |
|----------------------------------------------------|------------------------------|--------------------------------|----------------------------------------------|---------|
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) Change Add | | _ | | |
| Remove | | | | |
| 2) Change Add | | _ | | |
| Remove 3) Remove — Add — Remove | | _ | | |
| 4) Change Add | <u> </u> | - | | |
| Remove | | | | |
| 5) Change Add | | _ | | |
| Remove | | | | |
| 6) Change Add | | - | | |
| Remove | | | | |
| E. If amending or addin (attach additional shee | | | cles, enter change(s) here: (Be specific) | |
| | | | | |
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| The date of each amendment(s) adoption: | if other than the |
| Effective date if applicable: | |
| Effective date if applicable: (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.

| | 02/07/2025 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dated | 02/06/2025 |
| Signatur | |
| | -(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) |
| | Stephanie Young |
| | (Typed or printed name of person signing) |
| | |

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