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	To: Division of Corporations Fax Number : (850)617-6380
	From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**           Email Address:         NICK Sproulin (Com
·	COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTHFIELD UNIVERSITY, INC.
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## Jul 26 2019 12:33PM NICK SPRADLIN

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· .	Articles	of Amendment		
	Articles	to of Incorporation		
		of		The P
SOUTHFIELD UNIVERSITY, INC.				
(Name of Corporation	as currentl	y filed with the Flo	rida Dept. of State)	Chie F
N19000007223				The F
(Docum	ent Number	of Corporation (if	known)	
ursuant to the provisions of section 617.1006, Flori mendment(s) to its Articles of Incorporation:	ida Statutes,	, this <i>Florida Not F</i>	or Profit Corporation	adopts the following
. If amending name, enter the new name of the	corporatio	<u>n;</u>		
OUTHFIELD MORALITY UNIVERSITY, INC.				The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		on" or "incorporate	ed" or the abbreviation	
<ul> <li>Enter new principal office address, if applicat Principal office address <u>MUST BE A STREET AI</u></li> </ul>	DRESS)			
		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
Enter new mailing address; if applicable:				
(Mailing address MAY BE A POST OFFICE B				<u> </u>
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. If amending the registered agent and/or regist	ered office	address In Florida	., enter the name of t	<u>the</u>
new registered agent and/or the new registere	d office ad	dress:		
Name of New Registered Agent:				
				· · · · · · · · · · · · · · · · · · ·
-			Torida street address)	
New Registered Office Address:		1.		
			. Flori	
-		(City)		p Code)
			÷— :	,
ew Registered Agent's Signature, if changing Re	egistered A	gent:	and the state of the	
hereby accept the appointment as registered agent.	∵Tam Jami	illar with and accep	t the obligations of th	e position.
—	P*			
	Sig	nature oj New Kegi:	stered Agent, if chang	ing
	Ря	ige 1 of 4		

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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:

#### (Anach 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	• .	PT Y <u>sv</u>	<u>John Do</u> Mike Jo Saily St	DT CS	
Type of Action (Check One)		<u>Title</u>		Name	<u>Addres</u> s
1) Change				· <u></u>	<u> </u>
Add	•		. •		
Remove					
2) Change		<u> </u>			, <u>, , , , , , , , , , , , , , , , </u>
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Remove				· · ·	•
				Page 2 of 4	· · · · · · · · · · · · · · · · · · ·

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E. <u>If amending or adding additional Articles, enter change(s) here</u>: (attach additional sheets, if necessary). (Be specific)

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date this document was signed.			
Effective date if applicable:			
	(no more than 90 days afte	r amendment file date)	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the applicable st partment of State's records.	latutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were at was/were sufficient for approve		mber of votes cast for the amendment(s)	
There are no members or memi- adopted by the board of direct		ment(s). The amendment(s) was/were	
07/23/2019 Dated	· · · · · · · · · · · · · · · · · · ·		
Signature	tonim		
STEPHI	EN OWEISANA		
	(Typed or printed r	name of person signing)	
PRESID	ENT		
	· · · · · · · · · · · · · · · · · · ·	f person signing)	
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