N38470

(Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COLLEGE OF	AMERICA INC	
DOCUMENT NUM	BER: N38470		
The enclosed Article.	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		LA BARBOSA	
	(Name of	Contact Person)	
	ACCOUNT BO	OOKKEEPING CORP	
	(Firm	/ Company)	
	5950 LAKEHURST DRIVE ATE 246		
	(4	Address)	•
	ORLAN	DO, FL 32819	
	(City/ Sta	te and Zip Code)	,
.	INFO AB	KCORP. COM d for future annual report notific	ation)
For further informati	on concerning this matter, pleas	e call:	
PRISCILLA BAR	BOSA .	at (407) 898175	7
(Name	of Contact Person)	at (407) 898175 (Area Code & Dayti	me Telephone Number)
Enclosed is a check f	For the following amount made p	payable to the Florida Departmen	at 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)
	ing Address ndment Section	Street Address Amendment Section	·
Division of Corporations		Division of Corporati	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



COLLEGE OF AMERIC	A, INC	S-31/22/
(Name of Corporation as currently filed with the	he Florida Dept. of St	ate)
N38470		······································
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, he following amendment(s) to its Articles of Incorporation:	this Florida Not For F	Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
AMERICAN CHRISTIAN UNIV	ERSITY, INC	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		corporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add Name of New Registered Agent:		ter the name of the
New Registered Office Address: (Florid	da street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am foosition.		pt the obligations of the

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			
E. If amer (attach o	nding or adding additional A additional sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	
			+,,,,,,
			-
		- 1881 - 1872 - 112	

The date of each amendment(s) adoption:	05-01-11
•	(date of adoption is required)
Effective date if applicable:	05-01-11
	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
have not been sel-	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)
	ANTHONY B. PORTICLIATEI
(Typed or printed name of person signing)
	Passioent.
 	(Title of person signing)