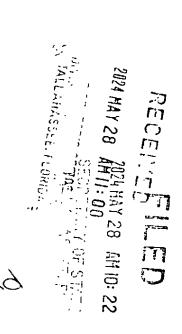
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| Special Instructions to Filing Office | er; | |
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Office Use Only



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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: The Flo | rida College | System to | indation |
|--|---|--|--------------|
| DOCUMENT NUMBER: 194000 | 03659 | | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | | |
| Please return all correspondence concerning this matt | ter to the following: | | |
| Kathy Heb | (Name of Contact Perso | nì | · |
| The Florida Coll | | , | |
| | , , , , , | set, Siite 1241 | <u> </u> |
| Tallahasse | e F2 3239 (City/ State and Zip Cod | 9 | 201 |
| | (City/ State and Zip Cod | e) | 100 |
| E-mail address: (to be used | ations floor | 2,009 | 72 |
| For further information concerning this matter, please | | nouncation | 407 22 |
| Kathy Hebda (Name of Contact Person | at | 850 245-0 | 407 22 |
| (Name of Contact Person | (Ar | rea Code) (Daytime Telep. | hone Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida Depa | artment of State: | |
| ☑ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status | □\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address Amendment Section | | Address | |
| Amendment Section Division of Corporations | | ment Section n of Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida Dept. of State) The Florida College System | Found |
|--|----------|
| 194000003659 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following unendment(s) to its Articles of Incorporation: | |
| A. If amending name, enter the new name of the corporation: | |
| The new | |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name, | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | Process, |
|). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | |
| Name of New Registered Agent: Kathy Hebda | |
| 325 West Gaines Street, Stille 124 | 4 |
| New Registered Office Address: | |
| Tallahassee , Florida 32399 (City) (Zip Code) | |
| | |
| New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | |
| _ Kalla Hel De | |
| 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 | ne. |
|--|-----|
| 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.

| Mike Jones, v as Kem | iove, and Sally Smith, SV as an Add. | |
|----------------------------------|---|------------------------------|
| Example: X Change X Remove X Add | PT John Doe V Mike Jones SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | ViceChair Karen Moore | 325 West Gaines St. Suite 12 |
| Remove | | |
| 2) Change Add | | |
| Remove 3) Remove 4 dd Remove | | |
| 4) Change Add | | |
| Remove | | |
| 5) Change Add | | |
| Remove | | |
| 6) Change Add | | |
| Remove | | |
| | dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific) | |
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| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
| | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file | date) |

<u>Note:</u> 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)

| | May 24, 2024 |
|----------|---|
| Dated | |
| Signatur | Rahl VIII |
| _ | (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | Randall Vitale |
| | (Typed or printed name of person signing) |

(Title of person signing)