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Division of Corporations

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Account Number: I20100000080

: (954)366-3850

Fax Number

: (954)633-7850

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To: ;**∲**.

COVER LETTER

Division of Corpora		
NAME OF CORPORA	TION: CONTIN	JENTAL UNIVERSITY OF AMERICA INC
DOCUMENT NUMBE		•
	Amendment and fee are sul	bmitted for filing.
Please return all correspo	ondence concerning this mat	tter to the following:
***************************************		PIO F. BARRIOS
•		Name of Contact Person
:	CONTINE	ENTAL UNIVERSITY OF AMERICA INC
		Firm/ Company
: : : !	179	9 N STATE RD 7 (441) SUITE #10
		Address
		MARGATE, FL 33063
-		City/ State and Zip Code
	TA	AXRIGHT7@YAHOO.COM
	:	sed for future annual report notification)
For further information of	oncerning this matter, pleas	se call:
EDWIN	N BASSO	at (
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Department of State:
S35 Filing Fce	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int_{\text{S52.50 Filing.Fee}}\$ Certified Copy (Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address
	diment Section	Amendment Section Division of Corporations
	on of Corporations	Clifton Building
	30x 6327 nissee, FL 32314	2661 Executive Center Circle
ा समया	MORGE, I'M JEJIT	Tallahassee, FL 32301

Fax: (954) 633-7850

Articles of Amendment to Articles of Incorporation of

To:

CONTINENTAL UNIVERSITY OF AMERICA INC

	(Name of Corporation as currently	filed with the Florida Dept. of State)
	P080000718	330
	(Document Number of C	Corporation (if known)
Pursuant to the provision its Articles of Incorpora		Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name,	enter the new name of the corporation:	
		The new
"Corp.," "Inc.," or Co	isshable and contain the word "corporation, b.," or the designation "Corp," "Inc," or "Co ofessional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviution o". A professional corporation name must contain the .A."
	l office address, if applicable: ss <u>MUST BE A STREET ADDRESS</u>)	
	address, if applicable: IAY BE A POST OFFICE BOX	1799 N STATE RD 7 (441) SUITE 10
		MARGATE, FL 33063
D. If amending the renew registered age	gistered agent and/or registered office addresent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New	Registered Agent	
	(Florida stree	et address)
New Registere	ed Office Address:	City) , Florida Code)
	·	ARE APR
New Registered Agen	t's Signature, if changing Registered Agent: pointment as registered agent. I am familiar w	ith and accept the obligations of the position.
i norces accept the app	, Agrees on addition of any harden in	
١		
	Signature of New Re	gistered 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	PT	<u>John Doe</u>	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	VP	JOSE F. BARRIOS	1799 N STATE RD 7 SUITE 10
Add Remove			MARGATE, FL 33063
2) Change	VP	LUIS I. BARRIOS	JR JUNIN 355, MIRAFLORES
X Add			LIMA, PERU
Remove 3) Change	s	PATRICIA BARRIOS .	JR JUNIN 355, MIRAFLORES
X Add			LIMA, PERU
Remove			
4) Change	S	CAROLINA BARRIOS	JR JUNIN 355, MIRAFLORES
X Add			LIMA, PERU
Remove		`	
5) Change			
Add	*		
Remove			
6)Change			
Add		/	
Remove	:	•	

melia B	lasso Fax: (954	633-7850	To;	. • •	Fax: +1 (850) 617-6380	Page 6 of 7 04/18/2018 2:51
E. I	lf amending or ad	! !ding additional	Articles, ent	er change(s)) here:	
(7	Attach additional.	sheets, if necessa	ry). (Be sp	ecific)		
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r.	provisions for in	npiementing the cable, indicate N	/A)	H HOL COMA	ined in the amendme	nt itseilt
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r.	provisions for in	nplementing the cable, indicate N	/A)	If not coma	ined in the amendme	nt itsei <u>i:</u>
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F	provisions for in	npjementing tre cable, indicate N	/A)	II noi coma	ined in the amendme	nt itseil:

04/18/2016	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file	laie)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	,
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folio must be separately provided for each/voting group entitled to vote separately on the amend	wing statement ment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	1 1 1
(voting group)	;
The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required. O4/18/2016 Dated	nrenoider
Signature	
(By a director, president or other officer—if directors or officers h selected, by an incorporator—if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
PIO F BARRIOS	
(Typed or printed name of person signing)	
PRESIDENT	:
(Title of person signing)	

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