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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080

: (954)366-3850

Phone

: (954)633-7850

Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN CONTINENTAL UNIVERSITY OF AMERICA INC.

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## COVER LETTER

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		COVER LETTER	:	<b>医</b> 氯酚	
TO: Amendment Section Division of Corpo				M NIG 29 PM W. W.	
NAME OF CORPOR	ATION: CONTINENTA	L UNIVERSITY OF AMER	RICA INC	*	
DOCUMENT NUMB	DOCODODINA			F.	
The enclosed Articles of	f Amendment and fce are s	ubmitted for filing.	_		
Please return all corresp	oundence concerning this m.	atter to the following:			
_		PIO F BARRIOS			
		Name of Contact Person	1		
	CONTINENT	AL UNIVERSITY OF AM	ERICA INC		
~		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	1.	799 N STATE RD 7 SUITE	10		
-	Address				
MARGATE, FL 33063					
City/ State and Zip Code					
		TAXRIGHT7@YAH00.C	ОМ		
		sed for future annual report			
For further information	concerning this matter, plea	se call:			
EDWI	N G BASSO	at {	709-8966		
Name of	Contact Person		de & Daytime Telephone Number	<del></del>	
Enclosed is a check for	the following amount made	payable to the Florida Depa	riment of State:		
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ng Address	Street	Address		
	dment Section		ment Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Amelia Basso

To:

Fax: (850) 617-6380

## Articles of Amendment Articles of Incorporation

## CONTINENTAL UNIVERSITY OF AMERICA INC (Name of Corporation as currently filed with the Florida Dept. of State) P08000071830 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation:

		The
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Con- word "chartered," "professional association," or the	TD. Inc." or "Ca" A profession	or "incorporated" or the abbrevial nul corporation name must contain
b. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AL</u>	ole: DDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
	<del></del>	
	mad office address to The Late	
Name of New Registered Agent	ered office address in Florida, end d office address:	er the name of the
new registered agent and/or the new registere	d office address in Florida, end d office address:	er the name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent	d office address:	er the name of the Fiorida
Name of New Registered Agent  New Registered Office Address:	d office address:  (Florida street address)  (City)	Florida
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	(Florida street address)  (City)	, Florida(Zip Code)
Name of New Registered Agent	(Florida street address)  (City)	, Florida(Zip Code)

Fax: (350) 617-6380

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(Attach additional shee Please note the officers P = President; V= Vic Executive Officer; CFC held. President, Treasu Changes should be not a change, Mike Jones I	els, if necest director ti to Presider O = Chief over, Direct ed in the fi leaves the (	ssary) the by the first letter of the office title: ht; T= Treasurer; S= Secretary; D= Di Financial Officer. If an officer/directo tor would be PTO	rector; TR= 7	Intistee: C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doc, PT as a Change,
X Change	PT	John Doe	:	
& Remove	<u>v</u>	Mike Jones		
_X Add	SV	Sally Smith	ŧ	
Type of Action (Check One)	Title	Name		Address
I) Change	Р	PIO F BARRIOS	1 4 9	1799 N STATE RD 7 STE 10
Add Remove				MARGATE, FL 33063
2) Change	P	FERNANDO BARRIOS FA	MILY R	JR JUNIN 355, MIRAFLORES
X Add			:	LIMA, PERU OC
3)Change				
Add				
4) Change				
Add			:	
			:	
5) Change				
Add				
Remove			:	
5) Change	<del></del> -		<u> </u>	
			:	

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From: Amelia Basso Fax: (954) 633-7850

To:

Fax: (850) 617-6380 Page 5 of 6 08/29/2017 2.57 PM

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	:
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n amendment provides for an exchun	ann marka signi.	_ [
	ment if not contained in the	llation of issued shares, imendment itself:
(if not applicable, indicate N/A)		1
		•
	<del></del>	

From: Amelia Basso Fax: (954) 633-7850

. . . . .

To:

Fax: (850) 617-6380 Page 6 of 6 08/29/2017 2.57 PM

The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·
	) days after amendment file date)
	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through the separately provided for each voting group entitled to the proper entitled to the pro	ngh voting groups. The following statement of separately on the amendmen:(s):
"The number of votes east for the amendment(s) was/were	
by(voning group)	."
The amendment(s) was/were adopted by the board of directors was not required.	ithout shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators withou action was not required.	at shareholder action and shareholder
08/29/2017 Dated	
Signature	
(By director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court
EDWIN	GBASSO
(Typed or printed name	ne of person signing)
	RED AGENT
(Title of p	person signing)
•	