P11000089755

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	_{ion:} Cambridg	e Graduate U	niversity, inc.		
DOCUMENT NUMBER	<u>P11000089</u>	755			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this mat	tter to the following:			
Т	im Howard				
	Name of Contact Person				
Cambridge Graduate University, Inc.					
		Firm/ Company			
88	511 Bull Head	dley Road, Ste	e. 405		
		Address			
Ta	allahassee, F	L 32312			
		City/ State and Zip Code			
220	idont@oaual	abal nat			
pres	ident@cgugl				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	ncerning this matter, pleas	se call:			
Kim Mathew	Kim Mathews 298-4455				
Name of C	ontact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Cambridge Graduate University, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	cofit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p.	
• •	ojessionas corporation name mass comuni me
B. Enter new principal office address, if applicable:	ಪ್ರೇತ್ರ ಪ
word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	To the state of th
B. Enter new principal office address, if applicable:	## ## ## ## ## ## ## ## ## ## ## ## ##

D. <u>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:</u>

Name of New Registered Agent			
	(Florida street address)	<u></u>	
New Registered Office Address:		, Florida	
	(City)	(Zip Co	ode)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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	<u>PT</u> <u>Jo</u>	ohn Doe			
X Remove	<u>V</u> <u>M</u>	Mike Jones			
X Add	<u>SV</u> Sa	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	<u>T</u>	William Carter	8511 Bull Headley Rd,		
Add			Suite 405		
Remove			Tallahassee, FL 32312		
2) Change	ST	Ankur Mehta	8511 Bull Headley Rd.		
Add			Suite 405		
Remove			Tallahassee, FL 32312		
3) Change					
Add					
Remove					
4) Change			_		
Add					
Remove					
5) Change					
Add					
Remove					
а П <i>а</i>					
6) Change					
Add					
Remove					

Attach a	ding or adding addition addition additional sheets, if necessity in the contract of the contra	essary). (Be spe	cific)	•	
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<u>If an an</u> provisi	nendment provides for ons for implementing	· an exchange, re- the amendment i	classification, or f not contained i	<u>cancellation of issued</u> n the amendment itsel	<u>shares,</u> f:
(if	not applicable, indicate	N/A)		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				
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			<u> </u>		

The date of each amendment(s) adoption: 11-12-13	, if other than the
date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/12/13	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Tim Howard (Typed or printed name of person signing)	_
(Title of person signing)	
(Title of person signing)	