P12000050802

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SECRETARY OF STATE

C. LEWIS

AUG 1 3 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

name of corporation: <u>CIT Christian Institute of Echnology Universit</u> document number: <u>P12000050802</u>	y, Ind
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thomas Anthony Gurriero. Name of Contact Person Oxford City Football Club, Inc. Firm/Company 10 Fairway Drive, Suite 302 Address Deer field Beach, FL 33141 City/State and Zip Code E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Thomas Anthony Gurriero at (617) 501 - 6766 Name of Conuct Person Area Code & Daytime Telephone Number	<u>——</u> г
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status \$35 Filing Fee & Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

of ISAUG-8	PM 1.50
CIT Christian Institute of Technology University Incecke LARY (Name of Corporation as currently filed with the Florida Dept. of State)	IF STATE
P12000050802	CLURIDA
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	mendment(s) to
A. If amending name, enter the new name of the corporation:	
Oxford City University A christian Institution, Inc. 7 name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A."	reviation
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 address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
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	
signature oj trew kegisterea Agent, ij 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	John Doe		
X Remove	<u>v</u>	Mike Jones		•
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		.		
Add				
Remove				
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				·
4) Change				
Add			.	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

mending or adding additional A ach additional sheets, if necessary	. (Be specific)	
•••		
		<u> </u>
		•
	.1	allation of insued above
on amendment provides for an ex- covisions for implementing the au	enauge, rectassification, or cand nendment if not contained in the	amendment itself:
(if not applicable, indicate N/A)		
		<u> </u>
		•

· ·	F	FILED, if other than the
The date of each amendment(s) adoption:		, if other than the
date this document was signed.	OF HOE	, -8 PM 1:59
Effective date <u>if applicable</u> :		ARY OF STAR
(no m	ore than 90 days after amendment file date) HA	SSEE. FLORIDA
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval		ent(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group e		
"The number of votes cast for the amendment(s	s) was/were sufficient for approval	
by(voting grou	[^]	
(voting grou	<i>up)</i>	
The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareh	nolder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholde	था । जिल्लामा
Dated	<u> </u>	
Signature	0	
	other officer – if directors or officers have not b	
appointed fiduciary by that	r – if in the hands of a receiver, trustee, or other fiduciary)	Court
Thomas		
C	Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	