

PI4 000014842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

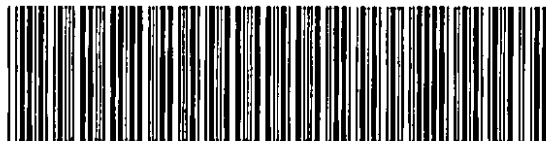
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2020 FEB 21 AM 8:28

C. GOLDEN

FEB 25 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CENTER FOR PROFESSIONAL TRAINING

DOCUMENT NUMBER: P14000014842

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR HERLINE LOCHARD

Name of Contact Person

CENTER FOR PROFESSIONAL

Firm/ Company

5314 SILVER STAR RD

Address

ORLANDO FL 32808

City/ State and Zip Code

WMEDICALTRAINING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR HERLINE LOCHARD

Name of Contact Person

at (561) 5060705

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 JAN -2 PM 11:57



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2020

DR HERLINE LOCHARD
5314 SILVER STAR ROAD
ORLANDO, FL 32808

SUBJECT: CENTER FOR PROFESSIONAL TRAINING, INC
Ref. Number: P14000014842

We are returning your check for \$30.00 to be replaced by one in the correct amount of \$43.75.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 720A00002359

FILED
2020 FEB 13 PM 12:19

Articles of Amendment
to
Articles of Incorporation
of

Center for Professional Training, Inc.

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

P 140000 14842

(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:

A. If amending name, enter the new name of the corporation:

Wheatland Institute, Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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**)

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

DR HERLINE LOCHARD

5314 SILVER STAR RD

(Florida street address)

New Registered Office Address:

ORLANDO

(City)

Florida 32808

(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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>P</u>	<u>ANTHONY FRANCOIS</u>	<u>1015 NE 163RD ST.</u>
<u> </u> Add			<u>N. MIAMI., FL 33162</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>VP</u>	<u>Charles, Sara M</u>	<u>879 NE Primavista Blvd</u>
<u> </u> Add			<u>Port St. Lucie, FL 34952</u>
<u>X</u> Remove			
3) <u>x</u> Change	<u>CEO</u>	<u>DR HERLINE LOCHARD</u>	<u>5314 SILVER STAR RD</u>
<u> </u> Add			<u>ORLANDO FL 32808</u>
<u> </u> Remove			
4) <u>X</u> Change	<u>SV (SV)</u>	<u>Lochard, Lynnsay J</u>	<u>5314 SILVER STAR RD</u>
<u> </u> Add			<u>ORLANDO FL 32808</u>
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Page 3 of 4

The date of each amendment(s) adoption: 12/30/2019, if other than the date this document was signed.

Effective date if applicable: 2.7.20
(no more than 90 days after amendment file date)

Note: 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)

☐ 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 12/30/19

Signature

(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)

Mr. Herline Lochard
(Typed or printed name of person signing)

CEO
(Title of person signing)