P15000084474

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11/06/15--01032--022 **35.00



A RANSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: CAMPUS, INC.					
DOCUMENT NUMBE	P15000084676					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Piease return all corresp	ondence concerning this ma	tter to the following:				
	DOUG	LAS D. CHUNN JR.				
_		Name of Contact Person				
	CAMPUS, INC.					
_		Firm/ Company				
	2714 ST	r. Johns ave				
_		Address				
	JACKS(ONVILLE, FL 32205				
		City/ State and Zip Code	2			
	DOUG@	CAMPUSCONNECT.IO				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information DOUGLAS D.	concerning this matter, pleas	se call: 904 at (534-9712			
Name of Contact Person			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)			
Amen Divisi P.O. I	dment Section on of Corporations Sox 6327	Amend Divisio Clifton	Address ment Section n of Corporations Building			
Tallah	nassee, FL 32314		xecutive Center Circle assee, FL 32301			

Articles of Amendment

Articles of Incorpolation of NNV -6 PM 2: 38

CAMPU	JS, INC.	MIL MAN -0 111 -	
(Name	of Corporation as cu	rrently filed with the Florida	Dept. of State)
P150000)84676 ·	TALEA HASSEE FLURIDA	
	(Document Nur	mer of Corporation (if known)	·
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statute	es, this <i>Florida Profit Corporati</i>	on adopts the following amendment(s
A. If amending name, enter the new i	name of the corporati	on:	The new
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated B. Enter new principal office address	nation "Corp," "Inc, iation," or the abbrevious, if applicable:	" or "Co". A professional co ation "P.A."	
(Principal office address <u>MUST BE A</u>	<u>STREET ADDRESS</u>)	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if app (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent a new registered agent and/or the n			name of the
Name of New Registered Agen		N/A	
Hame of New Registered Agent	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
	(Flo	rida street address)	, 11, 1111, q 1 11111
New Registered Office Address	·		, Florida
	•	(City)	(Zip Code)
New Registered Agent's Signature, if I hereby accept the appointment as regi			ations of the position.
	Ç:	Non Posistanad Agent if shape	<u> </u>

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>	John Do	<u>e</u>	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	CRO		DOUGLAS D. CHUNN JR	2714 ST. JOHNS AVENUE
X Add		_		JACKSONVILLE, FL 32205
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add .				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		- All States - S
Add				
Remove				

If amending or adding ad (Attach <i>additional sheets, i</i> j	ditional Articles, e	enter change(s) here:		
(Attach adamonal sneets, 1)	necessary). (be	specific)		
	<u> </u>	11/1		
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<u> </u>				Marin 1840 1740
			,	
If an amendment provide provisions for implement	s for an exchange	reclassification, or can	cellation of issued sha	res.
(if not applicable, inc	dicate N/A)	<u>ис и поссоцианией ист</u>	ie amengment usen.	
		NIA		
		10//		
				=
	<u>.</u>			

	11/5/2015	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
	/5/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after	r amendment file date)
Note: If the date inserted in this be ocument's effective date on the De		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)
	roved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast	or the amendment(s) was/were sufficient	for approval
by	(voting group)	,,,
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without sha	areholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareho	older action and shareholder
11/5/2015 Dated		
Signature	1	
(By a di	rector, president of ther efficer - if dire	
	, by an impropositor – if in the hands of a ed fiduciary by that fiduciary)	a receiver, trustee, or other court
	GUSTAVO PINT	О
	(Typed or printed name of per	rson signing)
	PRESIDENT	
	(Title of person si	gning)