Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H220008414443ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080

: (954)366-3850

: (954)633-7850

ter the email address for this business entity to be used for füture annual report mailings. Enter only one email address please.**:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CONTINENTAL UNIVERSITY OF FLORIDA CORP

Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, which
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\$35.00

Electronic Filing Menu

Corporate Filing Menu

FEB 0 2 2022

From: Amelia Basso

TO: Amendment Section

Fax: 19546337850

To:

Fax: (850) 617-6380

Page: 2 of 6

02/01/2022 11:45 AM

COVER LETTER

Division of Corporations	•				
NAME OF CORPORATION: CONTINENTAL UN	IIVERSITY OF FLORIDA CORP				
DOCUMENT NUMBER: P21000041279					
	:				
The enclosed Articles of Amendment and fee are subn					
Please return all correspondence concerning this matte	er to the following:				
EDWIN BASSO					
	Name of Contact Person				
CONTINENTAL UNIVERSIT					
	Firm/ Company				
1919 N STATE RD 7 STE 10:	Address				
MARGATE, FL 33063	7,00,000				
WARRENTE, 12 SECTION	City/ State and Zip Code				
- WILCHTS AND CO.					
TAXRIGHT7@YAHOO.COM E-mail address: (to be used for future annual report notification)					
L Ham don't all					
For further information concerning this matter, pleas	se call:				
EDWIN BASSO	at (954) 3663850 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
S35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{2}\$\$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				

Articles of Amendment to Articles of Incorporation of

CONTINENTAL UNIVERSITY OF FL	ORIDA CORP
(Name of Corporation as currently filed wit	h the Florida Dept. of State)
P21000041279	
(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prits</i> Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	i
	The new
name must be distinguishable and contain the word "corporation," "company," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professi "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation Corp., onal corporation name must contain the word
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)	7927
<u></u>	
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address: Name of New Registered Agent	Corida, enter thomame of the Corida 99 3
(Florida street addre	ess)
New Registered Office Address: (City)	Florida(Zip Code)
(City)	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of the position.
	i
Signature of New Register	ed Agent, if changing
	i
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.5	S.

_ Remove

6) ____ Change

__ Add

__ Remove

To:

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 = ChiefExecutive 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: John Doe PT X Change Mike Jones V X Remove Sally Smith <u>sv</u> <u>X</u> Add Address Title Type of Action (Check One) JR MONTE CARMELO 363 CAROLINA BARRIOS D 1) ____ Change **APT 401** X_{Add} CHACARILLA, LIMA PE __ Remove JR MONTE CARMELO 363 CAROLINA BARRIOS CEO 2) ____ Change APT 401 Х Add CHACARILLA, LIMA PE __ Remove 3) ____ Change ____ Add __ Remove LOS GUIJARROS 209 **GONZALO GALDOS** D 4) ___ Change LA MOLINA, LIMA PE Add __ Remove 5) ____ Change ____ Add

m: Amelia Basso	Fax: 19546337850	Та;	Fax: (850) 617-6380	Page: 5 of 6	02/01/2022 11:45
	منده في العبدوا التي	iolos anter chan	ge(s) here:	 	
E. If amending (or adding additional Art onal sheets, if necessary).	(Be specific)	<u>CCID: 1132</u>		
(Attach adamic	onal sheets, if hedesoury,	,			
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		,	or an appeallation of issued	shares.	
F. If an amer	ndment provides for an i	exchange, reclass amendment if no	sification, or cancellation of issued of contained in the amendment itse	<u>IC:</u>	
<u>provision</u> (if no	ot applicable, indicate NIA	1)			
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02/01/2022 11:45 AM

(Typed or printed name of person signing)

(Title of person signing)

appointed fiduciary by that fiduciary)

PIO F BARRIOS

PRESIDENT