P2300	0078597
(Requestor's Name) (Address)	300427381433
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	01/15/04 -01007048 /*•35.00
(Document Number)	
Certified Copies Certificates of Status	2024 A
Special Instructions to Filing Officer:	PR IS M
3 DE W. 5	FILED 2024 APR 15 AM 9:30 From Dary (FST.)
1647 - 1, <u>1994</u>	
Office Use Only	

COVER LETTER

TO: Amendment Section

Division of Corporations

· · · · ·

NAME OF CORPORA	ATION: Skill Builders Inst	itute, Inc.		
DOCUMENT NUMBI	ER:			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	itter to the following:		
2	Shawn M. Ferguson			
-	skill Builders Institute, Inc.	Name of Contact Persor	1	
 	723 Wessex Way	Firm/ Company		
	and O' Lakes, FL 34639	Address		
-		City/ State and Zip Code	e	
s	killbuildersinstitute@gmail	.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Shawn Ferguson		at (6 1 -4	378 - 3547	
Name of	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Dep:	irtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. B	ng Address dment Section on of Corporations fox 6327 assee, F1, 32314	<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Skill Builders Institute. Inc.

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

P23000078597

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(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) its Articles of Incorporation:

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

,

N/A				The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co	". A professional corporat			
B. <u>Enter new principal office address</u> . (Principal office address <u>MUST BE A S</u>		N/A	- `` (`) - `;;	2024 AP	
C. <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST (</u>		N/A		2 15 AM 9	
				30	
D. If amending the registered agent an			he name of the		
<u>new registered agent and/or the new</u> <u>Name of New Registered Agent</u>	N/A	<u>dress:</u>			
	tFlori	da street address)			
<u>New Registered Office Address:</u>		(Cuy)	, Florida (Z)	p Coder	

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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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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 = Cl-Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hePresident, 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	,	·········	
<u>X</u> Change	<u>1'T</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PCEO	Angela T. Ferguson	-4723 Wessex Way
Add			Land O' Lakes, FL 34639
Remove			
2) $\frac{X}{2}$ Change	TS	Shawn M. Ferguson	4723 Wessex Way
Add			Land O' Lakes, FL 34639
Remove			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	lditional sheets, if necessary	9. (Be specific)			
A					
				. .	
				_ · · ·	
				n	
If un and	undmant number for an a	vahanna malanifian			
provisio	<u>endment provides for an e</u> ns for implementing the a	mendment if not con	tained in the amen	dment itself:	
(if n	ot applicable, indicate N/A)				
4					
	<u>.</u>	·	······································		
				<u>\</u>	

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· · · · · · ·	4/10/2024		
The date of each amendment(s) a date this document was signed.	adoption:		if other than
	0/2024		
Effective date <u>if applicable</u> :	(no more than 9	0 days after amendment file dater	
Note: If the date inserted in this document's effective date on the D	block does not meet the applic epartment of State's records.	cable statutory filing requirements, this da	ne will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ad action was not required.	opted by the incorporators, or l	board of directors without shareholder acti	on and shareholder
The amendment(s) was/were ad by the shareholders was/were s		e number of votes cast for the amendment(s)
		ough voting groups. The following stateme vote separately on the amendment(s):	CH
"The number of votes cash	for the amendment(s) was/we	re sufficient for approval	
by			
	(voting group)		
4/10/2024 Dated Signature	Angola a		
selecte	lirector, president or other offic ed, by an incorporator – if in the ited fiduciary by that fiduciary)	cer – if directors or officers have not been e hands of a receiver, trustee, or other cour)	1
	Angela T. Ferguson		
	(Typed or printed)	name of person signing)	<u>.</u>
	CEO/President		
	(Title of person sig	gning)	