P24000029105

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07/19/24--01028--011 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: COURSE RECOR	D INC			
DOCUMENT NUM	P24000029105				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	Evelyn I. Sucro				
		Name of Contact Persor	<u> </u>		
	Suero Law, PLLC				
		Firm/ Company			
	1001 Brickell Bay Dr Suite 2700				
		Address			
	Miami, FL 33131				
		City/ State and Zip Code	2		
	esuero@suerolawpile.com				
	· ·	sed for future annual report	notification)		
	L-man address. (to be a.	sed for fatore annual report	notification,		
For further informat	ion concerning this matter, pleas	se call:			
Evelyn I. Suero		at (396-8772		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 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)		
A D	ailing Address mendment Section ivision of Corporations O. Box 6327	Amend Division	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COURSE RECORD INC

(Name of Corporation	as currently filed with the Flor	rida Dept. of State)
24000029105		
(Documen	nt Number of Corporation (if kno	own) / 27 1.77 19 [1 1: [L
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation:	tatutes, this Florida Profit Corpo	
. If amending name, enter the new name of the corp	ooration:	
		The new
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp," "Inc," o chartered," "professional association," or the abbrevio	or "Co". A professional corpo	porated" or the abbreviation "Corp.," oration name must contain the word
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	 -	
		
		
. If amending the registered agent and/or registered	d office address in Florida, ente	er the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent		
Nume of New Registered Agent		
	(Florida street address)	
	i ioriaa siree aaaressy	
New Registered Office Address:	(City)	Florida (Zip Code)
	(City)	(inp code)
lew Registered Agent's Signature, if changing Regist	tered Agent:	
hereby accept the appointment as registered agent. I d	am familiar with and accept the c	obligations of the position.
Cionate	ure of New Registered Agent, if c	konging
Ngnatu	ire of New Registered Agent, if C	nunging
Check if applicable		
The amendment(s) is/are being filed pursuant to s. 60	7.0120 (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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
I) Change	PTSD	_	LUC BOHUNICKY	7901 4th St N Ste 300
X Add				St. Petersburg, FL 33702
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
Anach additional sneets, if necessary).	(ne specific)
	
	hanne and the Station on an analysis of insued shower
neavisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indirection of containing in the annual containing
······································	

•

The date of each amendment(s) late this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)
Note: If the date inserted in this document's effective date on the		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of dir	ectors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting or each voting group entitled to vote separa	groups. The following statement ately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficien	t for approval
by	(voting group)	<u> </u>
DatedJu	ly 11th 2024	
selec	director, president or other officer – if directed, by an incorporator – if in the hands of	
арро	inted fiduciary by that fiduciary) LUC BOHUNICKY	
	(Typed or printed name of pe	rson signing)
	Director	
	(Title of person signing)	