FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2002 8:00 am Secretary of State P98000038304 DOCUMENT# 1. Entity Name 02-24-2002 90004 001 ***158.75 AMERICAN TRAVEL INSTITUTE, INC. sene GALIANO Career Academy, Inc Corporation 2900 LAKEVIEW DR. 2900 LAKEVIEW-DR. FERN PARK FE 32730 FERN PARK FL 32730 1140 E. Altamonte DR. Stel020 1140 E. Altamonte Altamonte Springs, FL 32701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3518511 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAGLIANO, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) 1140 E, Altamonte DR. -2908 LAKEVIEW DIL-Suite # 1020 Altamonte Springs, FL 3270 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D۷ Delete TITLE (9/01) Anthony GAGliaND 2908 LAKEVIEW DR. NAME GAGLIANO, KENNETH S.J. NAME STREET ADDRESS 2908 LAKEVIEW DR. STREET ADDRESS CITY-ST-ZIP FERN PARK FL 32730 CITY-ST-ZIP Fern PATK FL 3273 0 TITLE DV + ☐ Delete TITLE ☐ Change Addition NAME GAGISANO, MICHAEL R NAME STREET ADDRESS 2908 LAKEVIEW DR. STREET ADDRESS CITY-ST-702 FERN PARK FL 32730 CITY-ST-ZIP ITRE ☐ Delete MLE ☐ Change ☐ Addition GAALIAAO; AAthory 2908 Lakeview DR. FEIN-PAIK, FL-32730-x NAME NAME DA Add. STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE Delete TITO 6 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not quelify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes.

SIGNATURE:

Ottachment Dict 19800038304/94146

AMENDED ARTICLES OF INCORPORATION FOR NAME

(1) The name of the corporation:

AMERICAN TRAVEL INSTITUTE, INC.

(2) Amendment adopted:

New name of corporation - GALIANO CAREER ACADEMY, INC.

(3) Effective date of adoption of this amendment:

October 22, 2001

(4) Authorized by resolution duly adopted by its Board of Directors and Shareholders on

October 22, 3001.

Such change as is reflected herein was authorized by resolution unanimously adopted by its Board of Directors and Rts only class of shareholders.

ΒY

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FEB 26 PH 4: 37
REDWAY OF STATE
ANASSEE, FLORIO

Sworn to and subscribed before me this day of Socober, 2001.

Notary Public
My Commission Expires:

DENISE BURTON
MY COMMISSION # DD036264
EXPIRES: July 14, 2005
Bondeo Tric Notery Public Underwriters

STATE OF FLORIDA COUNTY OF SEMINOLE

the foregoing instrument was acknowledged before me this day of before me this day of the boundary known to me or has produced the did not take an oath.