

(R	equestor's Name)			
(A	ddiess)			
(Address)				
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	dusiness Entity Name)			
(D	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
563, 4135	1,4104,544			

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SEP 12 2018 S. YOUNG







August 30, 2018

GAIL INGRAM CHILDREN INSTITUTE OF HIGHER LEARNER INC 406 SOUTH 33RD STREET FORT PIERCE, FL 34947

SUBJECT: CHILDREN INSTITUTE OF HIGHER LEARNING, INC.

Ref. Number: P98000100919

We have received your document for CHILDREN INSTITUTE OF HIGHER LEARNING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 118A00018091

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Children Institute	of Higher Learning Inc.	
DOCUMENT NUMBI	ER:		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Sail Ingram	•	
-		Name of Contact Person	n
C	Children Institute of Higher	r Learning Inc.	
_		Firm/ Company	
4	06 South 33rd Street		
_		Address	
F	ort Pierce Florida 34947		
-		City/ State and Zip Code	e
gailing	ram@ymail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Gail Ingram		at (, 409-7010
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 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 Divis P.O. I	ng Address dment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

CHILDRENS INSTITUTE	OF HIGHER LEARNING II	NC.
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(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)	
P98000100919			
(Document Numbe	r of Corporation (if kno	wn)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corp</i> o	oration adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporation:			
CHILDREN'S INSTITUTE OF HIGHER LEARNING INC.			_The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professiona	"incorporated" or the a d corporation name must	
3. Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRESS</u>)			S T
			<u> </u>
			5 m
Enter new mailing address, if applicable:	N/A		· 莹 〇
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			产二
and the second second			
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	<u>ldress in Florida, enter</u> ecc	the name of the	
NIA	<u>. 9.9.1</u>		
Name of New Registered Agent			
			_
NIA	street address)	21/4	
New Registered Office Address:	(77)	, Florida	
	(City)	(Zip (Sode)
w Registered Agent's Signature, if changing Registered Agen	ıt:		
wereby accept the appointment as registered agent. Fum familian	with and accept the ol	digations of the position.	
Dail	Lawar	и	
Signature of New	Registered Agent, if che	anging	

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: <u>X</u> Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if neces	nal Articles, enter cha ssary). (Be specific)	_		
				
<u> </u>				
				
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		- <u>-</u>	<u> </u>	
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			<u> </u>	
·	<u> </u>			
n amendment provides for an	ı exchange, reclassifi	cation, or cancella	tion of issued shar	es,
ovisions for implementing the (if not applicable, indicate N	<u>amendment if not c</u> 74)	ontained in the am	endment itself:	
	·			
				<u> </u>
-				

date this document was signed.
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
(no more man 20 augs after amenant in file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)-
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 963018 Cris De manar
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Gail D'Ingram
(Typed or printed name of person signing)
Director
(Title of person signing)