## N070000008972

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THED SECRETARY OF STATE TALLAHASSES, FLORIDA

0CT 2.4 2013 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| istrision of confinations                                                                      |                                                                           |                                                                                        |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| NAME OF CORPORATION: Banner Le                                                                 | arning Cor                                                                | p                                                                                      |
| DOCUMENT NUMBER: NO7000089                                                                     | 72                                                                        | • •                                                                                    |
| The enclosed Articles of Amendment and fee are submi                                           | tted for filing.                                                          |                                                                                        |
| Please return all correspondence concerning this matter                                        | to the following:                                                         |                                                                                        |
| Barry L Cohen                                                                                  |                                                                           |                                                                                        |
| (1                                                                                             | Name of Contact Persor                                                    | 1)                                                                                     |
| Banner Learning Corp                                                                           |                                                                           |                                                                                        |
|                                                                                                | (Firm/ Company)                                                           |                                                                                        |
| 8177 Glades Rd Ste 217                                                                         |                                                                           |                                                                                        |
|                                                                                                | (Address)                                                                 |                                                                                        |
| Boca Raton, FL 33434                                                                           |                                                                           |                                                                                        |
| (0                                                                                             | City/ State and Zip Code                                                  | 2)                                                                                     |
| bfine@bannerscho                                                                               |                                                                           |                                                                                        |
| E-mail address: (to be used for further information concerning this matter, please co          | •                                                                         | nouncation)                                                                            |
| Barry L Cohen                                                                                  | <sub>at (</sub> 561                                                       | 477-6996  ode & Daytime Telephone Number)                                              |
| (Name of Contact Person)                                                                       | (Area Co                                                                  | ode & Daytime Telephone Number)                                                        |
| Enclosed is a check for the following amount made pay:                                         | able to the Florida Depa                                                  | irtment of State:                                                                      |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status                                       | S43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$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 | Amend<br>Divisio<br>Clifton                                               | Address Iment Section on of Corporations Building executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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| Banner Learning Corp                                                                 | 4. 61. 3. '41. d F                         | Verille Denne (Conse)                     | <del></del>                       |      |
|--------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|-----------------------------------|------|
| (Name of Corporation as current N07000008972                                         | tly filed with the F                       | iorida Dept. of State)                    |                                   |      |
|                                                                                      | cument Number of (                         | Corporation (if known)                    |                                   |      |
| Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora |                                            | ites, this <i>Florida Not For Pro</i>     | ofit Corporation adopts the follo | wing |
| A. If amending name, enter the new n                                                 | ame of the corpora                         | ition:                                    |                                   |      |
| n/a                                                                                  |                                            |                                           | The                               | new  |
| name must be distinguishable and contai<br>"Company" or "Co." may not be used it     |                                            | ration" or "incorporated" or              |                                   |      |
| B. Enter new principal office address,                                               | <del></del> _                              | n/a                                       |                                   |      |
| (Principal office address <u>MUST BE A STREET ADI</u>                                | TREET ADDRESS                              | <u>s</u> ) n/a                            |                                   |      |
|                                                                                      |                                            | n/a                                       |                                   |      |
| C. Enter new mailing address, if appli<br>(Mailing address <u>MAY BE A POST</u>      |                                            | n/a                                       |                                   |      |
|                                                                                      |                                            | n/a                                       |                                   |      |
|                                                                                      |                                            | n/a                                       |                                   |      |
| D. If amending the registered agent an new registered agent and/or the new           | d/or registered off<br>w registered office | fice address in Florida, ente<br>address: | r the name of the                 |      |
| Name of New Registered Agent:                                                        | n/a                                        |                                           | <del></del> -                     |      |
|                                                                                      | n/a                                        |                                           |                                   |      |
| New Registered Office Address                                                        | :                                          | (Florida street address)                  | <del> </del>                      |      |
|                                                                                      | n/a                                        |                                           | . Florida n/a                     |      |
|                                                                                      | (City                                      | 9)                                        | (Zip Code)                        | _    |
| New Registered Agent's Signature, if cl<br>I hereby accept the appointment as regist | hanging Registered agent. I am fo          | d Agent:<br>amiliar with and accept the o | bligations of the position.       |      |
|                                                                                      | nla                                        | ,                                         | J ,                               |      |
|                                                                                      | Signature of Nev                           | Registered Agent, if changi               | ng                                |      |

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 <math>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: X Change X Remove X Add | <u>V</u> <u>Mil</u> | n Doe<br>ke Jones<br>ly Smith |                     |
|----------------------------------|---------------------|-------------------------------|---------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                   | <u>Addres</u> s     |
| 1) Change                        | V                   | Flavian J Prince              | 809 Serendipity Dr  |
| X Add                            |                     |                               | Aurora, IL 60504    |
| Remove                           |                     |                               |                     |
| 2) Change                        | <u>V</u>            | Sidney B Yeldell              | 5460 N 64th St      |
| Add                              |                     |                               | Milwaukee, WI 53218 |
| X Remove                         |                     |                               |                     |
| 3) Change                        |                     |                               |                     |
| Add                              |                     |                               |                     |
| Remove                           |                     |                               |                     |
| 4) Change                        |                     |                               |                     |
| Add                              |                     |                               |                     |
| Remove                           |                     |                               |                     |
| 5) Change                        |                     |                               |                     |
| Add                              |                     |                               |                     |
| Remove                           |                     |                               |                     |
| 6) Change                        |                     |                               |                     |
| Add                              |                     |                               |                     |
| Remove                           |                     |                               |                     |

| f amending or adding add<br>attach additional sheets, if r | necessary). (Be spec | rific)       |                |             |
|------------------------------------------------------------|----------------------|--------------|----------------|-------------|
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|                                                            |                      |              |                |             |

| The date of each amendment(s) adoption: July 01, 2013                                                                                                                                                                             | , if other than the |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)                                                                                                                   |                     |
| (no more man 90 days after amenament file date)                                                                                                                                                                                   |                     |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                                              |                     |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.                                                                                              |                     |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.                                                                                                |                     |
| October 15, 2013                                                                                                                                                                                                                  |                     |
| Signature 18 2) Gre                                                                                                                                                                                                               | <del></del>         |
| (By the charman 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) |                     |
| Barry L Cohen                                                                                                                                                                                                                     |                     |
| (Typed or printed name of person signing)                                                                                                                                                                                         |                     |
| Vice President                                                                                                                                                                                                                    |                     |
| (Title of person signing)                                                                                                                                                                                                         |                     |