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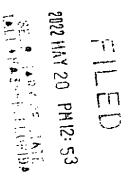
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August 25, 2021

ANDREW DONNELLY 2420 OAK CREEK LN PORT ORANGE, FL 32128

SUBJECT: NEW HEADINGS INTERNATIONAL, INC

Ref. Number: N1000000410

We have received your document for NEW HEADINGS INTERNATIONAL, 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 incorrect form was recevied. Your entity is a not for profit corporation and your sent in the profit corporation form. The document is incomplete. The document should contain the Cover Letter and 4 Amendment pages. Please see the attached packet for the complete document.

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.

Letter Number: 121A00020418

Catherine M Brumbley Regulatory Specialist II

www.sunbiz.org

COVER LETTER

RECEIVED

TO: Amendment Section Division of Corporations 2022 MAY 20 AM 8: 00

NAME OF CORPORATION	NEW HEADINGS I	NTERNATIONAL	. INC	SLC. TALL	ARASS-F EFE	
DOCUMENT NUMBER:	N10000000410					
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.				
Please return all corresponde	ence concerning this matt	er to the following:				
Andrew Donnelly						
		(Name of Contact	Person)		, <u>, , , , , , , , , , , , , , , , , , </u>	
		(Firm/ Compa	ny)			
2420 Oak Creek Lane						
		(Address)				
Port Orange, FL 32128						
		(City/ State and Zi	p Code)			
dweebnshell@aoI.com						
	-mail address: (to be use	d for future annual r	eport no	tification)	
For further information cond	erning this matter, please	e call:				
Andrew Donnelly			540 at		273-2982	
	(Name of Contact Persor			Code)	(Daytime Telephone Nu	mber)
Enclosed is a check for the f	following amount made p	ayable to the Florid	a Depart	ment of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	<u>address</u>	<u>\$</u>	treet A	ddress		

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flori	ida Dept. of State)		
N10000000410	-		
(Document N	umber of Corporation (if l	known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the corp-	oration:		
Beyond Brave, Inc			The new
name must be distinguishable and contain the word "corp" (Company" or "Co," may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." o	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRI	<u>ESS</u>)		
			
		P (r)	2022
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	. ● 13 	HÀY
	-	9 5 1 8	20
		71	PH [
		L "" "3 * "35-	<u>−2</u> ,– (
D. If amending the registered agent and/or registered		a, enter the name of the	Ω. :
new registered agent and/or the new registered off	ice address:	· >	ω
Name of New Registered Agent: N/A			
		Florida street address)	
New Registered Office Address:		·	
N/A		, Florida	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a.	ered Agent; m familiar with and accep	of the obligations of the position.	
	Signature of New Regis	stered Agent, if changing	

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add		_	N/A	
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_	· · · · · · · · · · · · · · · · · · ·	
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	
N/A				

The date of each amendment(s) adoption: N/A	the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

Dated	5/17/2022
Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an interporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Andrew Donnelly
	(Typed or printed name of person signing)