

MAY/05/2015/TUE 11:24 AM
4/20/2015

P/4000053418

PAY No. 2.00
Division of Corporations

Florida Department of State
Division of Corporations
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((H15000096025 3)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
OLE TV IN EDUCATION, INC

Certificate of Status	0
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Amend

5/16/15

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P. 002

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4/21/2015 3:23:20 PM PAGE 1/001 Fax Server



April 21, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OLE TV IN EDUCATION, INC
PO BOX 350967
MIAMI, FL 33135

SUBJECT: OLE TV IN EDUCATION, INC
REF: P14000053418

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

THIS TITLE SHOULD BE "VPSD" NOT OFFICER.

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.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000096025
Letter Number: 215A00008008

RECEIVED
DIVISION OF CORPORATIONS
MAY 11 2015 11:36 AM

15 MAY - 5 11:36

Articles of Amendment
to
Articles of Incorporation
of

OLE TV IN EDUCATION, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P1400053418

(Document Number of Corporation (if known))

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CORPORATION STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

7003 N WATERWAY DRIVE
SUITE: 209
MIAMI, FL 33155

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

7003 N WATERWAY
SUITE: 209
MIAMI, FL 33155

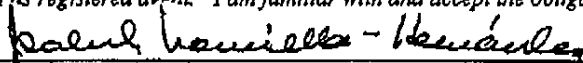
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent **ISABEL N. HERNANDEZ**
7003 N WATERWAY DR STE: 209
(Florida street address)

New Registered Office Address: **MIAMI**, Florida **33155**
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>HERRERA, HERNAN H</u>	<u>1800 SW 27TH AVE,</u> <u>SUITE 300</u> <u>MIAMI, FL 33145</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VPSD</u>	<u>ROSES JOSEPH</u>	<u>1800 SW 27TH AVE,</u> <u>SUITE 300</u> <u>MIAMI, FL 33145</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PST</u>	<u>ISABEL N. HERNANDEZ</u>	<u>7003 N WATERWAY</u> <u>SUITE: 209</u> <u>MIAMI, FL 33155</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 1/28/2015

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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)

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 2/15/2015

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)

JOSEPH ROSES

(Typed or printed name of person signing)

OFFICER

(Title of person signing)