P100030641

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linuty Harne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·
·
L ,

Office Use Only



300298057903

04/18/17--01018--007 **35.00



APR 20 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Flex Educational, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mia A. Thomas, CPA, CGMA Name of Contact Person Mia A. Thomas, PA Firm/ Company 1408 E Robinson St Address Orlando, FL 32801 City/ State and Zip Code mthomas@miathomascpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 538-6048

Area Code & Daytime Telephone Number Mia Thomas Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 APR 18 AM 9: 26

	of		See and		
Flex Educational, Inc.				r, a	
(Name of	Corporation as currently	filed with th	e Florida Dept.	of State)	
P17000030641					
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	ilorida Profit	Corporation ad	opts the fol	lowing amendment(s
A. If amending name, enter the new nam	ne of the corporation:				
n/a					The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp " "Inc," or "C	Co". A profe			the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		n/a			
		<u> </u>		 	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		n/a			
(Maning dualess Review DE N POST O	THEE BOX		•		
D. If amending the registered agent and new registered agent and/or the new			<u>, enter the nam</u>	e of the	
	n/a				
Name of New Registered Agent					
_					
	(Florida stre	et address)			
New Registered Office Address:			١ ,	Florida	
	(City)			(Zip Code)
			,		
New Registered Agent's Signature, if chi				C .1	
I hereby accept the appointment as register	rea ageni. I am familiar w	un and accep	t the obligations	of the posi	tion.
	Signature of New Re	gistered Ager	nt. 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.

X Change	<u>PT</u>	John Doe	
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	V	Antonio M De Almeida Neto	6965 Piazza Grande Ave #309
X Add			Orlando, FL 32835
Remove			
2) Change	v	Thiago Borges	546 Lake Shore Pkwy
Add			Davenport, FL 33896
X Remove			
3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	<u>. </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	 ,		
Remove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
n/a	
	
11-11-11-11-11-11-11-11-11-11-11-11-11-	
C. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
n/a	
	-

	04/03/2017	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
	4/03/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this dar Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	3)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
04/03/20	017	
Dated		
	10- 00	
Signature	Manfalum	
	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other cour	rt
арро	ointed fiduciary by that fiduciary)	
	Daniela Pieralisi	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	