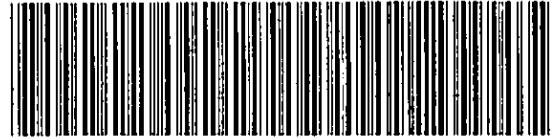


NO5000002055

Educator Professional Network
(EPN)
Jose Barrera
P.O. Box 341944
Tampa, FL 33694



200320082192

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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S. YOUNG



Doc. #
N05000002055

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2018

JOSE BARREDA
EDUCATOR'S PROFESSIONAL NETWORK INC.
PO BOX 341944
TAMPA, FL 33694

SUBJECT: EDUCATOR'S PROFESSIONAL NETWORK INC.
Ref. Number: N05000002055

We have received your document for EDUCATOR'S PROFESSIONAL NETWORK 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

ALL PAGES MUST BE MAILED

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: 118A00022598

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Doc # NO5000002055

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EDUCATOR'S PROFESSIONAL NETWORK INC.

DOCUMENT NUMBER: N 05000002055

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

José D. BARRERA

(Name of Contact Person)

EDUCATOR'S PROFESSIONAL NETWORK INC

(Firm/ Company)

4205 WOODLARK DR

(Address)

TAMPA, FL 33624

(City/ State and Zip Code)

EPN Tampa @ Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

José D. Barrera

(Name of Contact Person)

at (813) 963-6770

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

Paid

☐ \$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)

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

Doc# NO5000002055

Articles of Amendment
to
Articles of Incorporation
of

EDUCATORS PROFESSIONAL NETWORK INC.

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

NO 5000002055

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

(Florida street address)

New Registered Office Address: _____

_____, Florida _____
(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

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18 NOV 26 PM 12:45
TALLAHASSEE, FLORIDA

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	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	<u>BM</u>	<u>GARY NELSON</u>	<u>11621 Carrollwood Dr</u>
<u>Add</u>			<u>Tampa FL</u>
<u>X</u> Remove			<u>33618</u>
2) <u>Change</u>	<u>BM</u>	<u>Yvonne T. Whitley</u>	<u>21348 Hopson Road</u>
<u>X</u> Add			<u>Land O' Lakes, FL</u>
<u>Remove</u>			<u>34638</u>
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

DOC # N05000002055

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 10/30/2018 11/15/2018
(no more than 90 days after amendment 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 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.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _____

Signature _____

(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)

Jose D. Baranda
(Typed or printed name of person signing)

Chairman (President)
(Title of person signing)