NO1000004844

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

Office Use Only



600131679726

06/26/08--01010--012 **43.75

SECRETARY OF STATE DIVISION OF CORPORATIONS

Mame ch8/cc (1a 7/10/08

COVER LETTER

TO: Amendment Section Division of Corporations Education toundation the DOCUMENT NUMBER: MO 700000 4844 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sanda Capeletti
(Name of Contact Person) or Chat Live tourdation, Inc 2929 Myrthe Opli Circle DAVIE Florida 33328
(City/State and Zip Code) For further information concerning this matter, please call: Sanda Capeletti at (954) 560-5516

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Mailing Address

Enclosed is a check for the following amount:

□ \$43.75 Filing Fee &

Certificate of Status

\$35 Filing Fee

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

Street Address

\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2008

THE EDUCATION FOUNDATION, INC. % SANDRA CAPELETTI 2929 MYRTLE OAK CIR DAVIE, FL 33328

SUBJECT: THE EDUCATION FOUNDATION, INC

Ref. Number: N07000004844

We have received your document for THE EDUCATION FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the 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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 208A00038708

ZOOO JUL -9 AM 8: OO SECRETARY OF STATE

Articles of Amendment

to
Articles of Incorporation
of

The Education Foundation, Inc	<u>.</u>
(Name of corporation as currently filed with the Florida Dept. of State)	
(Document number of corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing): The chart live foundation (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)	Dnc
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
38	SECRETAL DIVISION OF
PH 12: 1	LED LY OF STATE CORPORATIONS
	*

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was:
Effective date if applicable:
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was (were) adopted by the members and the number of votes can for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature 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.)
Sanda Capeletti (Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35