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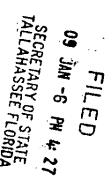
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Hannel C. Barreis NO8000008043	i <i>er Elemenbary</i> 3
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Dr. Hanuel C	this matter to the following: Local Contact Person) Barrers Company) Company) Address)	<u>enfay</u> School
` •	23185 (State and Zip Code)	
For further information concerning this matter	er, please call:	4898
(Name of Contact Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the following amount	t made payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$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	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

•	rrently filed with the Florida Dept.	of State
(Document N	lumber of Corporation (if known)	
ursuant to the provisions of section 617.100 are following amendment(s) to its Articles of		For Profit Corporation adopts
. If amending name, enter the new name	e of the corporation:	
he new name must be distinguishable and bbreviation "Corp," or "Inc." <u>"Company</u>		
. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		JAN -
		MO PE
Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		LE 27 TATE DRIDA
. If amending the registered agent and/o		a, enter the name of the
new registered agent and/or the new re	gistered office address:	
Name of New Registered Agent:		
	(Florida street address)	
Name of New Registered Agent: New Registered Office Address:	(Florida street address)	. Florida
	(Florida street address) (City)	, Florida (Zip Code)

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

The date of each amendment	(s) adoption: 12/14/2008
Effective date if applicable:	, ,
inconve date in approvation.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app.	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were vectors.
DatedSignature_	12/17/2008 Ohimali
(By	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)