

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
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DEVISION OF COSCOPATIONS

M. MILLIGAN AUG 24 2018 PILED
2018 AUG 24 PH 5: 11

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Rambow Educational Services, Inc
NAME OF CORPORATION: Rambow Educational Services, Incomment number: NO9000008703
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: (Name of Contact Person)
P.O. BOX 925
(Address) Havana, FL 32333 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Renardo Hinson at 850 702 7053 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \$\Bigcup \\$Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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,	Articles of Incorporation		- V =	2
<u> </u>	of			;; ;;
Kainbow Edu	cational Se	rvices, 1	næ 8	<u></u>
(Name of Corporation as	currently filed with the Florid	a Dept. of State	Sin	7
K No	9000008	703	3.50 A. C.	MG PL PH
. (Document	t Number of Corporation (if known	wn)	声吹	S
Pursuant to the provisions of section 617.1006. Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For I	<i>Profit Corporation</i> ad	lopts the follow	witte
. If amending name, enter the new name of the co				
UNE Gads den Fou name must be distinguishable and contain the word "c	ndation, Inc		The	new
name must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	orporation" or "incorporated" ,	or the abbreviation "	Corp." or "h	nc."
3. Enter new principal office address, if applicable	<u></u>			
Principal office address <u>MUST BE A STREET ADD</u>	RESS)			
			_	
2. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>X</u>)			
 If amending the registered agent and/or register new registered agent and/or the new registered 		iter the name of the		
Name of New Registered Agent:				
_	, F.Ye			
New Registered Office Address:	(riar)	ida street address)		
		#*\$		
_	(City)	, Florida (Zip C		
	(0.0)	(2.1)	,,	
New Registered Agent's Signature, if changing Reg	istered Agent:	a abligations of the	nacitian	
hereby accept the appointment as registered agent.	i am jamuiar wun ana accepi ti	e oouganons of the p	osmon.	
	Signature of New Register	ed 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)

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			<u> </u>
Add			
Remove			
2) Change			_
Add			
Remove			
3) Change		_	_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			·
Remove			

famending or adding a trach additional sheets.	if necessary). ((Be specific)			
					
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The date of each amendment(s) ado	otion: 8/24/18	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date))
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirem rtment of State's records.	ients, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	oted by the members and the number of votes cast for	the amendment(s)
There are no members or member adopted by the board of directors Dated	rs entitled to vote on the amendment(s). The amendment $\frac{24/8}{18}$	ent(s) was/were
have not been	an or vice chairman of the board, president or other of selected, by an incorporator – if in the hands of a recepointed fiduciary by that fiduciary)	
	Eric Hinson	5
	(Typed or printed name of person signing	g)
	Registered Agent (Title of person signing)	

FILED 2018 AUG 24 PM 5: 11