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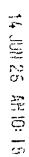
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Reach One Teach One, INC. N10000011302 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Reach One Teach One (Firm/ Company) W. Jefferson St Quincy, Florida 3235/ (City/State and Zip Code) reach 1 teach 1 in C @ amail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (404 ) 2/3-3649 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

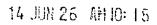
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of



Reach And To	ach Ane 7	· 0.7		1777 1787 Sept. 198
(Name of Corporation as currently filed	d with the Florida D	ept. of State)		
MICOCOCI		<u></u>		
	iber of Corporation (i	f known)		
	•			
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this .	Florida Not For P.	<i>rofit Corporation</i> adop	ts the followir
A. If amending name, enter the new name of	the corporation:			
				The ne
name must be distinguishable and contain the w	ord "corporation" o	r "incorporated" o	r the abbreviation "Co	
"Company" or "Co." may not be used in the n	<u>ame</u> .			
B. Enter new principal office address, if app			<del></del>	
(Principal office uddress <u>MUST BE A STREE</u>	TADDRESS)			
	<del></del>			<del></del>
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	<del></del>		
D. If amending the registered agent and/or r	egistered office addi	ress in Florida, en	ter the name of the	
new registered agent and/or the new regis	stered office address	<u>.</u>		
Name of New Registered Agent:				
New Registered Office Address:	(Florida	street address)		
Hen Registered Office right ess.				
	(Cin)		, Florida (Zìp Code)	···
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	ng Registered Agent	<u>:</u>	ablication Cd.	***
I hereby accept the appointment as registered a	igeni 1 am Jamiliar i	wun ana accept the	ovingations of the pos	шоп.
<del> </del>				
Signatura	e of New Registered a	agni it 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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	9_	Hamilton, Mollean	1430 Arbor Place Dr. Morrow, GA 30260
2) Change	I	Dreupna Holland	50 Astor Avenue Quincy, Florida 32352
Remove 3 ) Change Add	AssitVP	Vincent Rich	P.O. Box 922 Midway, Florida 32343
Remove 4) Change Add	5	Knystal Baker	210 Dixie Dr. Apt 184 Tallahassee, Florida 32304
Remove  5) Change    Add    Remove			
6) Change Add Remove			

uniten adaisso	or adding addi nal sheets, if ne	ecessary).	(Be S	specific)					
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The date of each amendment(s) adoption: (1) 24 2014
Effective date if applicable:
(no more than 90 days after amendment file date)
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 6/24/2014 Signature Af Pallary
(By the chairman or vice charman 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)
Traneisha Galloway (Typed or printed name of person signing)
(Title of person signing)