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COR AMND/RESTATE/CORRECT OR O/D RESIGN BRAINS & BUCKS FOUNDATION, INC.

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COVER MESSAGE

Tony Burroughs

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BRAINS & BU	JCKS FOUNDATION, IN	NC.
DOCUMENT NUN	IBER: N12000000545		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
		bara Dang	<u>_</u>
	(Name o	f Contact Person)	
	Legalz	oom.com, Inc.	
	(Firm	n/ Company)	
	100 W. Bro	padway Suite 100	
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For further informati	on concerning this matter, pleas	e call:	
E	Barbara Dang	at (323) 962-860	0 x7950
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check t	or the following amount made p	payable to the Florida Departmen	t 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle

Articles of Amendment

Articles of Incorporation of

BRAINS & BUCKS FOUNDATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N12000000545 (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 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: New Registered Office Address: (Florida street 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

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)			
<u>Title</u>	<u>Name</u>	Address	Type of Action
D	WILTON, JOHN E	307 CENTRAL ST #2205	
		HUDSON MA 01749	☐ Remove
D Jeffrey Car	Jeffrey Cannon	17686 Foxborough Lane	Ø Add
		Boca Raton, FL 33496	Remove
		<u></u>	Remove
E. If amen (attach a	ding or adding additional Articles. Idditional sheets, if necessary). (Be	enter change(s) here: specific)	
			

The date of each amendment(s) adoption: 01/27/2012		
Effective date if applicable:		
	(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 adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	1/29/2012 Achleen Lineman The chairman or vice chairman of the board, president or other officer-if directors	
(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)	
	Kathleen K. Fineman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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