N12000009557

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SECRETARY OF STATE
TALL AHASSEE, FLORID

C. LEWIS AUG 1 4 2013 EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: REALSTEPS CAREER AND EDUCATION, INC.				
DOCUMENT NUMBER: N12000009557				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Julius E. Guerra				
	(Name of Contact Persor	1)		
REALSTEPS CAREER	AND EDUC	ATION, INC		
	(Firm/ Company)			
3234 SW. Crumpacker Street				
	(Address)	<u> </u>		
Port Saint Lucie, FL 349	953			
	(City/ State and Zip Code	e)		
Realsteps@uread	ch.com			
E-mail address: (to be used	for future annual report	notification)		
For further information concerning this matter, please	call:			
Julius E. Guerra	_{at (} 772	<u>530-2198</u>		
(Name of Contact Person)		ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 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 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment Articles of Incorporation

FILED

REALSTEPS CAREER AND EDUCATION, INC

13 AUG -9 PM 12: 39

(Name of Corporation as currently filed with the Florida Dept. of State) N12000009557

(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 nam	e of the corporation:	NA-		
name must be distinguishable and contain t "Company" or "Co." may not be used in the		/14:		he new "Inc."
B. Enter new principal office address, if (Principal office address MUST BE A STR				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
D. If amending the registered agent and/ new registered agent and/or the new registered agent agen			he name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Flor	ida street address)		
_		,1	Florida	
	(City)	1	(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register			igations of the position.	
	Signature of New Regi	istered Agent, if changing		
	Page	NA NA		

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 moted 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>V</u> <u>N</u>	ohn <u>D</u> oe fike Jones al <u>ly Sm</u> ith	JA	
Type of Action (Check One)	<u>Title</u>	Name U		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
				
6) Change			\	
Add		NV	•	
Remove			Page 2 of 4	

Ε.	If amending or adding additional Arti	<u>icles, enter change(s) here:</u>
	(attach additional sheets, if necessary).	(Be specific)

ARTICLE XII: DISSOLUTION (as written on the Bylaws) In the event of the dissolution of the organization, the assets shall be applied and distributed as follows: All liabilities and obligations shall be paid, satisfied and discharged or adequate provision shall be made therefore. Assets not held upon a condition requiring return, transfer, or conveyance to any other organization or individual shall be distributed, transferred, or conveyed, in trust or otherwise, to charitable and educational organization, organized under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, of a similar or like nature to this organization, as determined by the Board of Directors.

	date of each amendment this document was signed		, if other than th
Effe	ective date if applicable:	August 7th 2013 (no more than 90 days after amendment file date)	13 AUG - O Du
Ado	option of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	The amendment(s) was/w was/were sufficient for an	ere adopted by the members and the number of votes cast for a proval.	the amendment(s) E.E. FLORIDA
	There are no members or adopted by the b oard of c	members entitled to vote on the amendment(s). The amendment lirectors.	ent(s) was/were
	Dated Aug	gust 7th 2013	
	(By the	chairman or vice chairman of the board, president or other of not been selected, by an incorporator – if in the hands of a rececourt appointed fiduciary by that fiduciary)	
	Julius I	E. Guerra	
		(Typed or printed name of person signing)	
	Preside	ent	
	 	(Title of person signing)	