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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Soaring N	lew Heights	s, Inc.		
DOCUMENT NUMBER: N15000001				
The enclosed Articles of Amendment and fee are subr				
Please return all correspondence concerning this matte	er to the following:			
Robert Duverny				
	(Name of Contact Person	n)		
Soaring New Heights, In	C.			
	(Firm/ Company)			
20401 NW 2nd Ave, Suite 100				
	(Address)			
Miami Gardens, FL 3316	39			
(City/ State and Zip Code)				
rduverny@hommagesfl.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	call:			
Robert Duverny	954	296-2255 ode & Daytime Telephone Number)		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	ortment 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	Amend	Address ment Section on of Corporations		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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15 MAY -5 AH 9: 33

Soaring New Heights, Inc. SECRETARE OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) N15000001085 (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the 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: (Florida street address) New Registered Office Address: , Florida _ (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)

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>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
1) Change	<u>T</u>	Marie Carline Dorleus	20401 NW 2nd Ave
X Add			Suite 100
Remove			Miami Gardens, FL, 33169
2) Change	S	Phrancesca Desauguste	20401 NW 2nd Ave
X Add			Suite 100
Remove			Miami Gardens, FL, 33169
3) Change	<u>D</u>	Odilson Ambroise	20401 NW 2nd Ave
X Add			Suite 100
Remove		•	Miami Gardens, FL, 33169
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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	<u> </u>			
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	e date of each amendment(s) adoption:	, if other than the
Effe	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 04/27/2015	
	Signature	<u></u>
	(By the chairman or vice chairman 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)	
	Robert Duverny	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	