## N15000010616

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## **COVER LETTER**

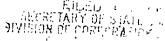
Division of Corporations NAME OF CORPORATION: INTERDISCIPLINARY RESEARCH AND INTERULTIVAL EDUCATION CENTER, INC. N15000010616 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SUAN CONCHA
(Name of Contact Person) 1708 SW S15T AVEWE CAINES VILLE, FL 32608 JE CONCHA @ MOTMAIL, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TVAN CONCHA at 352 328 8 4 98 (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 & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address Street Address** 

TO: Amendment Section

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

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Art	ticles of Incorporatio	n	20 CO 103 CC 1	CROSS RESERVED	
INTERDISCIPLINARY RESEARCH	of and where	ilhval 200	2017 JAN 13	PM 2: 11	la I
(Name of Corporation as cu				<u>· · · · · · · · · · · · · · · · · · · </u>	71.0
N.150000 1		Tiorius Dept. o.	<u> Dinte</u> )		
<del></del>	umber of Corporation	(if known)	,		,
ursuant to the provisions of section 617.1006, Florida St mendment(s) to its Articles of Incorporation:	atutes, this <i>Florida N</i> o	ot For Profit Corp	poration adopts	s the following	1
. If amending name, enter the new name of the corpo	oration:			.1	•
INNOVATIVE RESEARCH AND	INTERWLTU	IAL EDU	ICATION	CENTER!	W
ame must be distinguishable and contain the word "corp	poration" or "incorpo	rated" or the abb	breviation "Cor	p." 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 ADDRE	<u> </u>	<u>/A</u>			·
				·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>/A</u>			
. If amending the registered agent and/or registered	office address in Flo	rida, enter the n	ame of the		
new registered agent and/or the new registered off	ice address:	• .			
Name of New Registered Agent:	N/.	<u>A</u>			
	•			3.	
N D : 100 411		, (Florida street ada	ldress)		
New Registered Office Address:	NA		. Florida		
	(City)		(Zip Code	) ,	
ew Registered Agent's Signature, if changing Registe	ered Agent				
hereby accept the appointment as registered agent. I a		ccept the obligation	ons of the posit	ion.	-
	A/ D	•			
	/ / / \				

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Office address of each Officer (Attach additional sheets Please note the officer/d. P = President; V=·Vice Executive Officer; CFO held. President, Treasure	and/or Directo s, if necessary) irector title by th President; T= Ti = Chief Financia	r being added: ne first letter of the office reasurer; S= Secretary al Officer. 'If an officer	re title: ; D= Director; TK	?= Truste	ee, C = Cha	irman or C	, Clerk; CEO =	= Chief
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	aves the corpora	tion, Sally Smith is nan	ohn Doe is listed a ned the V and S. T	s the PSI hese show	 T and Mike . uld be noted	Jones is lis I as John L	ted as the V. Doe, PT as a	There is Change,
Example: X Change X Remove X Add	PT John V Mike SV Sally	<b>)</b> (						
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	,		<u>Addres</u> s			
1) Change	***************************************	N/A					. ,	_ · ·
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5) Change		$\frac{N/A}{}$		<del>-</del> -		•		<del>-</del>
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5) Change		· N/A	· · · · · · · · · · · · · · · · · · ·					-
Add		•						

\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)					
	NA	-	, .		
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, The date of each amendment(s) adoption date this document was signed.	on: ANUAYY	8/2017	PICEL JEGAT TARY OF MVISION OF CORT	if other than the
Effective date <u>if applicable</u> :	N/A (no more than 90 days after	amendment file date)	2017 JAN 13 P	TA 2: 11
Note: If the date inserted in this block do document's effective date on the Departm		atutory filing requirement	ts, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the num	nber of votes cast for the	amendment(s)	
There are no members or members e adopted by the board of directors.	entitled to vote on the amendm	nent(s). The amendment	(s) was/were	
DatedANU	1ARY 8/2017	7		·
<u> </u>				
have not been sel	or vice chairman of the board lected, by an incorporator - if inted fiduciary by that fiducian	in the hands of a receive		
	JUAN CON			
***************************************	(Typed or printed n	ame of person signing)		
	Director			
· ·	(Title of	person signing)		