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17 OCT -5 AM 8: 14

17 OCT -5 AH B: 17 SECRETARY OF STATE

NC 10/5/17

DC

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Overcours Wasmin Course, INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Firm! Company)
6540 CEDAL CRUSE WAY
T2H, F2 323(1 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:    \$\Begin{array}{c c c c c c c c c c c c c c c c c c c
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

17 OCT -5 AH 8: 17

SECRETARY OF STATE
TALLAHASSEE FLORIS.

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

(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 Descende Worstie Corres, [wc. The new 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 (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)

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	PT John V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3 ) Change			
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Remove			
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Adđ			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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	, ,	
The date of each amendment(s) adoption:date this document was signed.	9/29/17	, if other than the
Effective date if applicable:	9/29/17	
(ho thore	than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State	at the applicable statutory filing ree's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the me was/were sufficient for approval.	embers and the number of votes c	ast for the amendment(s)
There are no members or members entitled to value adopted by the board of directors.	rote on the amendment(s). The ar	mendment(s) was/were
Dated 9/29/17		
Signature		
	tirman of the board, president or can incorporator – if in the hands of iary by that fiduciary)	
	Typed or printed name of person	signing)
	rs & CED	
	(Title of person signin	보 )