N17000007038

| (Req | uestor's Name) | |
|----------------------------|------------------|-------------|
| (Addı | ress) | |
| (Addi | ress) | |
| (City/ | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nar | me) |
| , | , | , |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | <u> </u> |
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COVER LETTER

- TO: Amendment Section Division of Corporations

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| BOD NAME OF CORPORATION: | DHISASTRA UNIV | ERSITY INC. | | | |
|--|-----------------------|--|--------------------------|--|---------|
| N170000 | 07038 | | | | |
| DOCUMENT NUMBER: | | | ··· | | |
| The enclosed Articles of Amendment | and fee are submitt | ed for filing. | | | |
| Please return all correspondence conc | erning this matter to | the following: | | | |
| BOON, WIN, PROFESSOR | | | | | |
| - | (N | ame of Contact Pe | erson) | | |
| | | | | | |
| | Post of a | (Firm/ Company | ·) | | |
| 17212 W, MARYLAND AVE | | | | | |
| | | (Address) | | | |
| WADDELL, AZ 85355 | | | | | |
| | (C | ity/ State and Zip (| Code) | | |
| watprom@hotmail.com | | | | | |
| E-mail add | ress: (to be used for | future annual rep | ort notificatio | n) | |
| For further information concerning thi | s matter, please cal | 1: | | | |
| JARUNEE MCBRIDE | | at | 337 | 298-9155 | |
| (Name of | Contact Person) | | (Area Code) | (Daytime Telephone | Number) |
| Enclosed is a check for the following | amount made payat | ole to the Florida E | Department of | State: | |
| | (| \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) | Certi s Certi (Add | 60 Filing Fee ficate of Status fied Copy itional Copy is osed) | |

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation of

| BODHISASTRA UNIVERISTY INC. | | | | |
|--|----------------------------------|---------------------------------------|---------------|-------------|
| (Name of Corporation as curr | ently filed with the Flo | rida Dept. of State) | | |
| N17000007038 | | | | |
| (Document Nur | nber of Corporation (if k | nown) | | |
| Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation: | utes, this <i>Florida Not Fe</i> | or Profit Corporation add | pts the fol | lowing |
| A. If amending name, enter the new name of the corpor | ation: | | | |
| N/A | | | T | he new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. | ration" or "incorporate | d" or the abbreviation "C | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES | N/A | | | |
| 17mcqu ojjec unavess <u>17001 02 /1 01 (1901 /10 01) 12</u> | <u></u> | | | |
| | | | | ~ 3 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | | SECRE | 018 NO. |
| | | | AT. | - 5 |
| | | · · · · · · · · · · · · · · · · · · · | S | |
| | | | minima Maa | <u> </u> |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | , enter the name of the | FLE | 8: 55 |
| Name of New Registered Agent: N/A | | | | |
| | (F | lorida street address) | | |
| New Registered Office Address: | | | | |
| N/A | | , Florida _ | | |
| | (City) | (Zip Co | ode) | |
| New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am | | t the obligations of the po | sition. | |
| | Signature of New Regis | tered 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 Mik</u> | n Doe c Jones y Smith | |
|-----------------------------------|---------------|-----------------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Е | KING, NISA | 227 MONTECITO AVE |
| Add | | | PISMO BEACH, CA 93449 |
| X Remove | | | |
| 2) Change | _ | 4 | |
| Add | | | |
| Remove | | | |
| 3) Change | <u></u> | | |
| Add | | | |
| Remove | | | |
| 4) Change | | - | <u> </u> |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (attach additional sheets, if necessar | ry). (De specific | <i>:)</i> | | | |
|--|-------------------|---------------------------------------|----------|---------------------------------------|-----|
| N/A | | | | | |
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| | 08/03/2018 | |
|---|---|-------------------------------|
| The date of each amer late this document was | odment(s) adoption:signed. | , if other than the |
| Effective date <u>if appli</u> | 09/02/2018 cable: | |
| <u></u> | (no more than 90 days after amendment file date) | |
| | ed in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records. | ite will not be listed as the |
| Adoption of Amendm | ent(s) (<u>CHECK ONE</u>) | |
| The amendment(s was/were sufficient |) was/were adopted by the members and the number of votes east for the amendment for approval. | ient(s) |
| ☐ There are no mem adopted by the bo | bers or members entitled to vote on the amendment(s). The amendment(s) was/ward of directors. | vere |
| Dated | M-7-18 | |
| Signature | was | |
| | (By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary) | |
| | BOON. WIN, PROFESSOR | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |