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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: EAUCATION 1170000009844 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Education Pocks 407 SE IST ST (Address) Delvay Beach, FL 33483 (City/ State and Zip Code) Savah DVLG. (C E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Savan Campsell (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

Education Rocks, Inc.			
Education ROCKS, INC. (Name of Corporation as cu	rrently filed with the l	Florida Dept. of State)	
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i>	For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorpor	ated" or the abbreviation "C	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)		
	•		
C. Enter new mailing address, if applicable:			s 2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			<u> </u>
D. If amending the registered agent and/or registered	office address in Flor	ida, enter the name of the	
new registered agent and/or the new registered of	ice address:		ين . ي ون
Name of New Registered Agent:			PM 6: 20 OF STATE SEE, FL
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Co	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		cept the obligations of the po	osition.
	Signature of New Re	egistered Agent, if changing	

Page 1 of 4

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 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 le Jones ly Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change				_	
Add					
Remove					
2) Change				_	
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
	•				
Add					
Remove					
6) Change			<u> </u>		
Add					
Remove					

Maria

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Diease	amend	to read	tnat	Education	
_ RUCKS	5 15 a 4	501 (3)		Education	
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The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloddocument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date w	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(state).	s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	2/5/19	
Signature	Ju	
have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	Julie udentz	
	(Typed or printed name of person signing)	
	Divector	
	(Title of person signing)	