## N18000001298

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(Ad	ldress)	
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## **COVER CETTER**

**TO:** Amendment Section Division of Corporations

Program Our Futu NAME OF CORPORATION:	ire. Inc.	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are st	ibinitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Joshua Smith		
	(Name of Contact Person)	
St. Augustine Law Group		
	(Firm/ Company)	- <del></del>
320 High Tide Drive, Suite 101		
	(Address)	
St. Augustine, FL 32080		
	(City/ State and Zip Code)	<del></del>
joshua@staugustinelawgroup.com		
E-mail address: (to be us	ed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Joshua Smith	904 990-7777	
(Name of Contact Perso		one Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee	Se Sectified Copy (Additional copy is enclosed)  Sectified Copy (Additional Copy is Enclosed)  Sectified Copy (Additional Copy is Enclosed)	

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



Program Our Future, Inc.		
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
N18000001298		
(Document	Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fe	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>	0	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida ffice address:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		the obligations of the position.
	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTS	Karen Miscovich	52 Tuscan Way
Add			#202-317
Remove			St. Augustine, FL 32092
2) Change			
Add			
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			<del></del>
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
The only change should be the replacement of the entirety of Article III with the below as the new Article III:
To provide educational technology and health monitoring devices to veterans and veteran organizations focusing on
veterans suffering from PTSD and to provide educational technology to schools and children's organizations,
particularly, but not limited to, underprivileged areas and children with disabilities.
Upon dissolution, any remaining corporate assets shall only be used for 501(c)(3) purposes.

The	date of each amendment(s) adoption:		, if other than the
date	this document was signed.		
Effe	6/15/2018 ective date if applicable:		
		to more than 90 days after amendment file date)	
	te: If the date inserted in this block does in the Department on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	t be listed as the
Ado	option of Amendment(s)	CHECK ONE)	
	The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	
	There are no members or members entit adopted by the board of directors.	eled to vote on the amendment(s). The amendment(s) was/were	
	Dated 6/15/2018		
	Signature // LCC 1	und	
	have not been selecte	rice chairman of the board, president or other officer-if directors ed. by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
	Karen Miscovich		
		(Typed or printed name of person signing)	
	Incorporator/Pres	ident	
	<del> </del>	(Title of person signing)	