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COVER LETTER

TO: Amendment Section Division of Corporations

International Reeformation Inc.

| | international Net | sionnauon inc | | ••• |
|-----------------------------------|---|---|---------------------------|---|
| NAME OF CORPORATIO | Dis | | | |
| DOCUMENT NUMBER: _ | N18000011863 | | | |
| The enclosed Articles of Ame | endment and fee are subm | itted for filing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| | Donr | na Vaughan | | |
| | | Name of Contact Person | 1) | |
| | Int | ternational Reeform | nation, I | NC |
| | | (Firn/ Company) | · · · · | |
| | | 24215 C | aribbear | n Dr. W |
| | | (Address) | | |
| | | Sur | nmerlan | d Key, FL 33042 |
| | | (City/ State and Zip Cod | | |
| | · | (City) State and the Cou | -, | Davis = 0.4045 @ amail and |
| | | | | Donna24215@gmail.com |
| E | -mail address: (to be used | for future annual report | notification | 1) |
| For further information conc | erning this matter, please | call: | | |
| Donna Va | ughan | at | 772 | 2-215-0359 |
| | (Name of Contact Person) | | rea Code) | (Duytime Telephone Number) |
| Enclosed is a check for the f | following amount made page | yable to the Florida Dep | artnuent of | State: |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certit Certif (Addi | 0 Filing Fee icate of Status ied Copy trional Copy is osed) |
| Mailing Address Amendment Section | | | Address dment Sect | uon |

Mailing Address
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

Articles of Amendment to Articles of Incorporation

International REEFormation, INC.

| The must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "Incorpora | N18000011863 | <u> </u> | | |
|--|--|-------------------------------------|----------------------------------|-----------|
| If amending name, enter the new name of the corporation: Plant a Million Corals Foundation INC me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "Incorporated" or the abbreviation "Corp." or "Incorporated" or "Incorporate | (Document Numb | er of Corporation (if kn | own) | |
| Plant a Million Corals Foundation INC The me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "Incorporated "Corporated" or "Incorporated "Corporated "Corporated "Corporated "Corporated "Corpo | | es, this <i>Florida Not For</i> | Profit Corporation adopts the | following |
| me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incompany" or "Co." may not be used in the name Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Fluorida sures address) | If amending name, enter the new name of the corporat | ion: | | |
| Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Floruda street address) | | | | _The new |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 surea address) | | tion" or "incorporated | " or the abbreviation "Corp." | or "Inc." |
| (Mailing address MAY BE A POST OFFICE BOX) 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 siveri address) | |) | | |
| Mailing address MAY BE A POST OFFICE BOX) 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 siveri address) | | | | <u>.</u> |
| 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 sureri address) | | | TALLAF | OIO JUN . |
| new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida suren address) | | | HA'S SEE | A |
| (Florida sweet address) | | | enter the name of the | 8: 16 |
| • | Name of New Registered Agent: | | | |
| New Registered Office Address: | | (Fla | uridu siveri addrēts) | |
| | New Registered Office Address: | | | |
| , Florida | | | | |
| (City) (Zip Code) | | (City) | (Zip Code) | |
| w Registered Agent's Signature, if changing Registered Agent: tereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | w Registered Agent's Signature, if changing Registered vereby accept the appointment as registered agent. I am for | 1 Agent: amiliar with and accept | the obligations of the position. | |

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 nate 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>V</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|--------------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | Title | <u>Name</u> | <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 | | | |
| Add | | | |
| | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
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| l'he date of each amendment | (s) adoption: | , if other than th |
|--|--|----------------------|
| date this document was signed. | | - |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after umendment file date) | |
| | is block does not meet the applicable statutory filing requirements, this date will be Department of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the meinbers and the number of votes cast for the amendment(s) proval. | |
| There are no members or adopted by the board of c | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. | |
| Dated <u>.21</u> | June 11. Vaughas | |
| Signature | man IN Mauchan | |
| (By the | chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator - if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | Donna M. Vauglan | |
| _ | (Typed or printed name of person signing) | |
| | Vice-President | |
| | (Title of person signing) | |