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EDUCATION EQUITY LAB, INC

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abbiethodx

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Education Equity L	ab, Inc.				
DOCUMENT NUMBER:	N19000001887					
The enclosed Articles of Am	endment and fee are sub	omitted for filing.			, -	
Please return all corresponde	ence concerning this mat	ter to the following	კ:			
Leslie Comfeld						
	·	(Name of Contac	t Person)			
Education Equity Lab, Inc.						
		(Firm/ Comp	алу)	-		
648 Broadway, Suite 603						
		(Address)			
New York, New York 10012	!					
		(City/ State and 2	(ip Code)			<u> </u>
lcomfeld@equitylab.org						
E-	mail address: (to be use	d for future annual	report not	ification)	
For further information conce	erning this matter, please	call:				
Leslie Comfeld			917 ai		837-2200	
(Name of Contact Person)		Code)	(Daytime Telephone	Number)
Enclosed is a check for the fo	llowing amount made p	ayable to the Florid	ia Departn	nent of S	itate:	
□ \$35 Filing Fee	□\$43.75 Filing Fec & Certificate of Status	■\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certific Certific	Filing Fee cate of Status ed Copy onal Copy is eed)	

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2020 5 1 21 41 9:23

Education Equity Lab, Inc.				
(Name of Corporation as currently filed with the	Florida	Dept. of State)		
N19000001887				
(Docum	ient Numb	per of Corporation (if know	n)	—
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statuti	es, this Florida Not For Pr	ofit Corporation adopts the folio	wiη
A. If amending name, enter the new name of the	: corporat	tion:		
National Education Equity Lab, Inc.				
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corpora	ition" or "incorporated" or	The abbreviation "Corp." or "fi	new nc.
B. Enter new principal office address, if applicat	ble:	648 Broadway, Suite 603		
(Principal office address MUST BE A STREET A	DDRESS	New York, New York 10	012	
C. Enter new malling address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	1 <i>0X</i>)	648 Broadway, Suite 603 New York, New York 100	12	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	d office a	<u>ddress:</u>	r the game of the	
Name of New Registered Agent:	Jeffrey Co	omfeld 		
;	3850 Holl	lywood Boulevard, Suite 40	0	
New Registered Office Address:	,	(Florida	street address)	
Ī	Hollywood	d	Florida 33021	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	I am fan	miliar with and accept the o		
- New Registered Agent's Signature, if changing Re	i am fan	(City) Agent: miliar with and accept the o	(Zip Code)	

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,

20100	ic. unki sidily simil	n, SV us an Ada	
Example: X Change X Remove X Add	PT John J V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		NOT APPLICABLE	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
	ne additional Art ets, if necessary).	ricles, enter change(s) here: (Be specific)	
			

		_
		
		
		
		
		
		<u> </u>
The date of each amendment(s) adon		
date this document was signed.	otion:	, if other than the
Effective date if applicable: Upon F	iling	
mappucasie.	(no more than 90 days after amendment file date)	
Note: If the data imposed in this talk to		
document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be truent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(5) was/were adop was/were sufficient for approval.	sted by the members and the number of votes east for the amendment(s)	

• • • • •

2	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.						
	September 14, 2020 Dated						
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, b) an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)						
	Leslic Comfeld						
	(Typed or printed name of person signing) President						
	(Title of person signing)						
	(· ···· or barook argining)						