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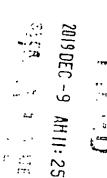
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COVER LETTER

TO: Amendment Section Division of Corporations

Fallahassee, FL 32314

NAME OF CORPORATION:Phoenix Edu	eation Network, Inc.
DOCUMENT NUMBER: N19000008719	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Susan Turner	
	(Name of Contact Person)
The Optima Foundation	
	(Firm/ Company)
15275 Collier Blvd #201-299	
	(Address)
Naples, FL 34119	
	(City/ State and Zip Code)
sturner@optimaed.org	used for future annual report notification)
For further information concerning this matter, pl	lease call:
Susan Turner	at 570-242-7084
(Name of Contact Pe	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma-	de payable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

Articles of Amendment to Articles of Incorporation of

Phoenix Education Network Inc (Name of Corporation as currently filed with the Florida D	ept, of State)	
N1900008719		
(Document Number	er of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fa</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name	ion" or "incorporated	I" or the abbreviation "Carp" or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		·
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		AH 11: 26
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	et i	lorula street addressy
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail		the obligations of the position
Sir	manus of New Regist	servel Avent it 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. Trusiee; 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 PSF 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	PT John De V Mike John SV SV Sally St	mes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>s</u>	Holly Raass Miller, M.D.	449 Willet Avenue Naples, FL 34108
2) Change Add	D	Mark S. Russo, M.D.	467 Saddlebrook Lane Naples, FL 34110
Remove	<u>vc</u>	Derrick Ayers	7649 Ponte Verde Way Naples, FL 34109
4) Change Add			
Remove 51 Change Add			
Remove 6)ChangeAdd			
Remove E. If amending or addir (attach additional shee		Page 2 of 4 icles, enter change(s) here: (Re specific)	
N/A	•		

Page 3 of 4
The date of each amendment(s) adoption:
Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

7	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
	Dated 1-4-2019
	Matthew Mathias
	(Typed or printed name of person signing)
	Chairman