Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | | |
|-------|---|--------|
| | Division of Corporations | 2.3 |
| | Fax Number : (850)617-6380 | |
| From: | | |
| | Account Name : LEGALZOOM.COM INC. | |
| | Account Number : 120010000062 | , |
| | Phone : (323)962-8600 | • |
| | Fax Number : (323)962-3889 | :- |
| | the email address for this business entity to be used for future nual report mailings. Enter only one email address please.** | - 3 |

COR AMND/RESTATE/CORRECT OR O/D RESIGN SLB CHARITY CORPORATION

| Certificate of Status | 0 |
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TO: Amendment Section

To: Page 3 of 7

COVER LETTER

| Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| NAME OF CORPORATION: SLB CHARITY CO | ORPORATION | | | | | |
| N1900009001 DOCUMENT NUMBER: | | | | | | |
| The enclosed Articles of Amendment and fee are sub | omitted for filing. | | | | | |
| Please return all correspondence concerning this matter | ter to the following: | | | | | |
| Che | yenne Moseley | | | | | |
| | (Name of Contact Perso | n) | | | | |
| Legalzoom.com, Inc. | | | | | | |
| | (Firm√ Company) | | | | | |
| 101 N. Brand Blvd., 11th Floor | | | | | | |
| | (Address) | ······································ | | | | |
| Glend | dale, CA 91203 | | | | | |
| | (City/ State and Zip Cod | e) | | | | |
| antonylivingston@hotmail.com | | | | | | |
| E-mail address: (to be use | d for future annual report | notification) | | | | |
| For further information concerning this matter, please | e call: | | | | | |
| Cheyenne Moseley | 800 at (| 773-0888 ext. 9724) ode & Daytime Telephone Number) | | | | |
| (Name of Contact Person) | (Area C | ode & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount made p | ayable to the Florida Depa | urtment of State: | | | | |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | | | | |
| Mailing Address | Street Address | | | | | |
| Amendment Section | | Iment Section | | | | |
| Division of Corporations P.O. Box 6327 | | on of Corporations Building | | | | |
| Taliahassec, FL 32314 | | xecutive Center Circle | | | | |

Taliahassee, FL 32301

r age - or

Articles of Amendment to Articles of Incorporation

| SLB CHARITY CORPORATION | | | |
|--|-------------------|----------------------------------|---------------------------|
| (Name of Corporation as currently filed wit | h the Florida | Dept. of State) | |
| N19000009001 | | | |
| (Document Nun | nber of Corpora | ition (if known) | |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | da Statutes, this | s Florida Not For Profit Corpora | ntion adopts the followin |
| A. If amending name, enter the new name of the | corporation: | | |
| | | | The nev |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nume. | | or "incorporated" or the abbrevi | ation "Corp." or "Inc." |
| | | | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL | | | |
| | | | |
| | - | | |
| C. Euter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | <u>ox</u>) | | |
| | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or registered agent and/or the new registered. | | | of the |
| · · · · · · · · · · · · · · · · · · · | | | |
| Name of New Registered Agent: | | | |
| | 2979 | | |
| New Registered Office Address: | friona | ta street address) | |
| | | , Florida | |
| | (City) | , 1 1011.02 | (Zip Code) |
| New Registered Agent's Signature, if changing Re | gistered Agen | t: | |
| l hereby accept the appointment as registered agent. | | | of the position. |
| ************************************** | | | |
| Signatur | e of New Regis. | tered Agent, if changing | |

Page I of 4

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>y Mik</u> | n Doe e Jones y Smith | |
|----------------------------------|--------------|-----------------------------|------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | SD | Bruce Sumner | 174 TURTLE CREEK DR |
| Add | <u> </u> | | JUPITER, FL 33469 |
| X Remove | | | |
| 2) Change | | Milton Barbarosh | 174 SE Turtle Creek Dr |
| X Add | | | Jupiter, Florida 33469 |
| Remove | D | Lori A. Rhein | 174 SE Turtle Creek Dr |
| 3) Change Add | | Edition (Main | Jupiter, Florida 33469 |
| Remove | | | |
| 4) X Change | DST | Kimberty Livingston | 174 SE Turtle Creek Dr |
| Add | | **** | Jupiter, Florida 33469 |
| Remove | | | |
| 5) X Change | PD | Antony Livingston | 174 SE Turtle Creek Dr |
| Add | | | Jupiter, Florida 33469 |
| Remove | | | |
| 6) Change | | | <u> </u> |
| Add | | | |
| Remove | | | **** |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Re specific) | | |
|--|---------------|--------------|-------|
| (mach duminorum sheets, ij necessary). | (De specific) | | |
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| The | , if other than the | | | | |
|-----|--|---|---|--|--|
| Eff | Effective date if applicable: (no more than 90 days after amendment file date) | | | | |
| Add | option of Amendment(s) | (CHECK ONE) | | | |
| | The amendment(s) was/were adopted was/were sufficient for approval. | by the members and the number of voics cast for the amendment(s) | | | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | | | | |
| | Dated 09/24/2019 | | | | |
| | Signature | Hagrin | _ | | |
| | have not been sele | or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary) | | | |
| | Antony Livingston | | | | |
| | (Type | ed or printed name of person signing) | | | |
| | President | | | | |
| | | (Title of person signing) | | | |