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TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:				
	N20000007185				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this matt	er to the following:			
Erica Hepburn					
		(Name of Contact Pe	crson)		
Educa8 Cares					
		(Firm/ Company	y)		
1823 Oakmount Drive					20
		(Address)			
West Palm Beach, Fl 3340	7				<u></u>
		(City/ State and Zip	Codc)		70
hepburnerica@gmail.com					 છ
	E-mail address: (to be used	d for future annual rep	port notification	n)	
For further information con	cerning this matter, pleaso	e call:			
Erica Hepburn		at	561	907-3474	
	(Name of Contact Persor		(Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy i enclosed)	Certif is Certif (Addi Enclo	O Filing Fee icate of Status ied Copy tional Copy is osed)	
B. # 111		C.			

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

(Name of Corporation as currently filed with the	e Florida Dept. of State)		
Educa8 Cares Inc.			
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida No.	For Profit Corporation adopts the follow	ring
A. If amending name, enter the new name of the Educa8Cares Foundation Inc.	e corporation:	_	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corporation" or "incorpor	The n ated" or the abbreviation "Corp." or "Inc	
B. Enter new principal office address, if applica	1823 Oakmount		
(Principal office address MUST BE A STREET A	DDRESS) West Palm Beach	i, F1, 33407	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	SAME AS ABO	√E	
D. If amending the registered agent and/or regi	stered office address in Flor	ida, enter the name of the	
new registered agent and/or the new register	Loretta Hepburn		
Name of New Registered Agent:	•		_
	1823 Oakmount Drive		
New Registered Office Address:		tFlorida street address)	
	West Palm Beach	33407 , Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and acc	ept the obligations of the position.	
	Foretta He	pourn 3	
~	Signature of New Re	gistered 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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add	CFO.C	Emmanuel Omaruaye	1823 Oakmount Drive West Palm Beach, FL 33-407
Remove			
2) Change Add			
Remove 3) Change Add Remove		414-814-814-814-814-814-814-814-814-814-	
4) Change Add			
Remove			
5) Change Add	····		
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng additional Artissis, if necessary).	icles, enter change(s) here: (Be specific)	
			

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		, if other than the
date this document was signed.		
Extraction discrete and the same	July 13, 2020	
Effective date if applicable:	(a	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
July 13, 2020			
Dated			
Signature			
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
Loretta Hepburn			
(Typed or printed name of person signing)			
President Lovetta Hepburn			
(Title of person signing)			