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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ion Network, Inc.		
DOCUMENT NUMBER: N21000014620			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Melissa Gross-Arnold, Esq., B.C.S.			
	(Name of Contact Perso	n)	<del>-</del> ·
Arnold Law Firm			
	(Firm/ Company)		
3840 Crown Point Road, Suite B			
	(Address)		
Jacksonville, Florida 32257			
	(City/ State and Zip Cod	e)	
melissa@arnoldlawfirmlle.com			
E-mail address: (to be use	d for future annual report	notificatio	n)
For further information concerning this matter, please	e call:		
Melissa Gross-Arnold, Esq., B.C.S.	90 at	4	731-3800
(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Dep	artment of	State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	₩\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	•	Address Iment Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

2023 SEP 20 AM 10:28

The Classical Education Network, Inc.

(Name of Corporation as currently filed with the Florida	Dept. of State)	37
N21000014620		<b>1</b>
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profi	t Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
Classical Education Network, Inc.		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name	ution" or "incorporated" or th	
B. Enter new principal office address, if applicable:	3369 Pine Ridge Road, Suite	e 204
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Naples, Florida 34109	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3369 Pine Ridge Road, Suit	e 204
	Naples, Florida 34109	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:		the name of the
Name of New Registered Agent:		
3369 Pin	e Ridge Road, Suite 204	
New Registered Office Address:	(Florida str	eet address)
Naples		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		ligations of the position.
	lignature of New Registered As	gent, 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 Doc, 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 Do           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	Chairma	Christopher Hudson	3369 Pine Ridge Road, Suite 204 Naples, Florida 34109
Remove  2) * Change Add	Director	Glenton Gilzean	3369 Pine Ridge Road, Suite 204 Naples, Florida 34109
Remove 3 )	Director	Donald Burgess	3369 Pine Ridge Road, Suite 204 Naples, Florida 34109
4) × Change Add	Director	Yvonne Caldwell	3369 Pine Ridge Road, Suite 204 Naples, Florida 34109
Remove  5) * Change Add	Secretar	Cary Mitchell	3369 Pine Ridge Road, Suite 204 Naples, Florida 34109
Remove 6) Change Add	Director	Laura Pate	10270 Immokalee Road Naples, Florida 34120
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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<u> </u>	
	<del>-</del>
	<del></del>
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after	amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the nu was/were sufficient for approval	mber of votes cast for the amendment(s)

	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	<u>c9/18/2023</u>
Signature	<del></del>
	(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)
	Christopher Hudson
	(Typed or printed name of person signing)
	Chairman

(Title of person signing)