N94000005703

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VITAL EDUCATION INC.					
DOCUMENT NUMBER: N9400005703					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ERNST HYACINTHE					
(Name of	Contact Person)				
(Firm/ Company)					
PO BOX 67 SEFFNER					
	Address)				
	33583				
(City/ Stai	te and Zip Code)				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ernst Hyacinke at (813) 398-5919 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	,			

Articles of Amendment to Articles of Incorporation

FILED

2009 OCT 29 P 1: 41

VITAL EDUCATION INC	
(Name of Corporation as currently filed with the I	dorida Dept. of State)
N94000005703	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this the following amendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "co abbreviation "Corp." or "Inc." "Company" or "Co." may not be to	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Florida_

(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)

<u>Title</u>	Name	Address	Type of Action
1/P	Ernst Hyaciallo	1913 Raven Har Dr Dovies FL 33527	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter claim on all sheets, if necessary). (Be specific Purpose: The corporation is organized)	()	able, educationa
and scientifi	ic purposes as to qualify as exemp	t organization under section	501(c)(3)
of the Interna	al Revenue Code.		
Article VI Li	mitations: No part of the net earning	ngs of the corporation shall i	nure to the
benefit of, or	be distributable to its members, tr	ustees, officers, or other priv	ate persons
except that t	he corporation shall be authorized	and empowered to pay reas	sonable
compensation	on for services rendered and to ma	ke payments and distribution	ns
in furtheranc	e of the purposes set forth in Articl	e III hereof.	
No part of th	e activities of the corporation shall	be the carrying on of propag	ganda,
	attempting to influence legislation		
	campaign on behalf of or in oppos		
	ding any other provision of these a	· · · · · · · · · · · · · · · · · · ·	
	es not permitted to be carried on b		
income tax u	under section 501(c)(3) of the Inter	nal Revenue Code	
	edication of Assets: Upon the disso		na up of
	ration, assets shall be distributed for		
	nternal Revenue Cod		<u> </u>

The date of each amendment(s)	adoption:	9-09
Effective date <u>if applicable</u> :	10-19 (date of adoption	is required)
	(no more than 90 days after	amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the nual.	amber of votes cast for the amendment(s)
There are no members or men adopted by the board of direct		dment(s). The amendment(s) was/were
have n		board, president or other officer-if directors or – if in the hands of a receiver, trustee, or duciary)
-	Ernst Hya. (Typed or printed name	of person signing)
_	DE	
	(Title of person signal	gning)