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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPOR	ATION: TUBTEN KUN	GA CEN	ITER FOR	WISDO	M CULTURE
DOCUMENT	NUMB	ER: N98000004801				
The enclosed A	rticles (of Amendment and fee are sub	mitted for f	iling.		
Please return al	l corres	pondence concerning this matte	er to the fol	llowing:		
		JUSTIN M. I	PEARSO	N, ESQ.		
		(Name of	Contact Per	rson)		_
		THE LAW OFFICE OF	JUSTIN I	M. PEARSON	N, LLC	
		(Firm/	(Company))		
		5531 N. UNIVERS	ITY DRIV	E, SUITE 10	1	
		(A	ddress)			
		CORAL SPE	RINGS, F	L 33067		
		(City/ State	e and Zip C	Code)		
	<u> </u>	JP@JPEAF			otification)	
For further info	rmatior	concerning this matter, please				
	>= . m.c	2011 500		054 750	7004	
JUSTIN M. F		f Contact Person)	at ((Area Code & D	-7334 Daytime Tel	ephone Number)
Enclosed is a ch	neck for	the following amount made pa				
☑\$35 Filing Fe		\$43.75 Filing Fee & Certificate of Status	Certifie	,	Ce Ce (A	\$52.50 Filing Fee ertificate of Status ertified Copy additional Copy is enclosed)
	Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314		Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	oorations Center Circle	

Articles of Amendment Articles of Incorporation

FILED

2011 OCT 19 PA 1: 12

TUBTEN KUNGA CENTER FOR WISDOM CULTURE, INCECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE. FLORID:

N98000004801 (Document Number of Corporation (if known)

bbreviation "Corp." or "Inc." <u>"Compan</u>	nd contain the word "corporation" or "in ny" o <mark>r "Co." may not be used in the name</mark> .	acorporated" or the
B. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>		
. Enter new mailing address, if application (Mailing address MAY BE A POST O		
. If amending the registered agent and new registered agent and/or the new	/or registered office address in Florida, e	nter the name of the
new registered agent und/or the new	registered office address.	
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street address)	

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>	<u>Name</u>			<u>Address</u>		Type of Action
						
			_ 			
		· · · · · · · · · · · · · · · · · · ·				
Article IV s	ditional sheets, hall be chang the directors	if necessary) ged to: "Th	. (Be specifi e majority of	hange(s) here: c) f directors of t er, FPMT, Inc		
			 			
			<u>,</u>			
	,					
						
						
				· · · · · · · · · · · · · · · · · · ·		
						

The date of each amendment(s) adoption: UC+ 11 VO 11
Effective date if applicable: OC+, 1744, 204
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
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 OC+. 17 th , 2011
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)
* * * * * * * * * * * * * * * * * * * *
CT Ruther fourd
(Typed or printed name of person signing)
Treosurer
(Title of person signing)