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10/28/13

COVER LETTER

Division of Corporations
SUBJECT: Barbara Brennan Intl. Inc. Name of Corporation
DOCUMENT NUMBER: P 02 000 103 247
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Name of Contact Person
Barbara Brennan Int' D. Inc
500 N.E. Spanish River Blud #208
Boca Para FL 33431 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diane Dodey at (561) 362 2955 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Evecutive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2013

Diane Dodge Barbara Brennan School of Healing Inc 500 N.E. Spanish River Blvd. #208 Boca Raton, FL 33431

SUBJECT: BARBARA BRENNAN INTERNATIONAL INC.

Ref. Number: P02000103247

We have received your document for BARBARA BRENNAN INTERNATIONAL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Barbara Brennan is no longer listed as the registered agent but is still listed as an officer. You can remove her as an officer by filing the enclosed amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 913A00023365

COVER LETTER

Division of Corporations	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME OF CORPORATION: Barbara	International, InC Brennan School of Hearing, Inc
DOCUMENT NUMBER: P02000 10	
The enclosed Articles of Amendment and fee are suf	bmitted for filing.
Please return all correspondence concerning this mat	eter to the following:
Boca larma Finance B	Name of Contact Person International, Inc. Firm/ Company Spanish River Bld # 208 Address FL 33 431 City/ State and Zip Code Sharbara brennan. Come and for future annual report notification)
For further information concerning this matter, pleas	_
Name of contact Person	at (571) 362 2955 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made;	
San T San T Sen T Sen T	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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 Circle Tallahassee, FL 32301

•	Articles of Am	endment		_
	to Articles of Inco	rnaration	FILE	ED .
Brabara Brune	an Internation	mul Inc	2813 OCT 21	PM 12: 03
	is currently filed with the Flo			CE FI ORIDA
902	.000 103247		TALL AHASS	EE, 1 20
	ent Number of Corporation (if	cnown)	7 0	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this F	lorida Profit Corpor	ation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new r	name of the corporation:			
name must be distinguishable and co.				
"Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ			corporation nam	e must contain the
B. Enter new principal office address (Principal office address MUST BE A.				
				
				
C. Enter new mailing address, if app	dicable:			
(Mailing address MAY BE A POST				
D. If amending the registered agent a new registered agent and/or the no	nd/or registered office addreseew registered office address:	ss in Florida, enter	the name of the	
Name of New Registered Agent	Diane Dode	je.		
	•	River Bld	#208	
New Registered Office Address			Florida	
ite w iteginier en Office itwares.	(City)	,	(Zip C	Code)
New Registered Agent's Signature, if I hereby accept the appointment as regi.	stered agent. I am familiar wi		ligations of the po	osition.
S	Signature of New Registered Ag	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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		-	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	_ P	Barbara Brennay	Soo ne spanish River Bld # 2 a
Add			Baca larm, FL
Remove			<u> </u>
2) Change	$\overline{\mathscr{D}}$	Dlaw Dodge	Sou ne spanish Rim Kld # 208
Add		•	Boen Ram RL
Remove			3343/
3) Change			
Add			
Remove			
4) Change			
Add			
$\overline{}$			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			•
Remove			

itach <i>additiona</i>	al sheets, if necesse	ary). (Be spec	:ific)			
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an amendmer	nt provides for an	exchange, recl	assification, o	r cancellation	of issued share	<u>es,</u>
if not appl	implementing the licable, indicate N	amendment if	not contained	<u>l in the amendi</u>	nent itself:	
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			44	· · · · · · · · · · · · · · · · · · ·		
						·
						<u>.</u>

The date of each amendment(s) adoption: _ date this document was signed.	OCTOBER	15"	,7013	, if other than the
Effective date if applicable:	OCTOBER	1512	, 2013	
breetive date <u>mappinense</u> .	(no more th	han 90 da	es after amendment file date)	
Adoption of Amendment(s) (C	HECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for		. The nun	nber of votes cast for the amendm	nent(s)
The amendment(s) was/were approved by to must be separately provided for each voting				
"The number of votes cast for the am	endment(s) wa	s/were su	ficient for approval	
by				
(v	oting group)			
The amendment(s) was/were adopted by th action was not required.	e board of dire	ectors with	out shareholder action and share	holder
The amendment(s) was/were adopted by th action was not required.	e incorporators	s without	shareholder action and shareholde	er
Dated	3)/		_	
Signature			:C 1:	
			if directors or officers have not bads of a receiver, trustee, or other	
appointed fiducia				
	Diane T	Soday		
	(Type	d or printe	d name of person signing)	
	Diverv	 	person signing)	
		(Title o	f person signing)	