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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DH Meth-Ed, Inc		
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
(Cynthia Biron (formerly Cy	nthia B. Leiseca)	
-		Name of Contact Person	n
[DH Meth-Ed, Inc,		
		Firm/ Company	-
2	2743 Westbury Drive		
-		Address	-
-	Tallahassee, FL 32303		
-		City/ State and Zip Cod	e
cindv/	@dhmethed.com		
		ed for future annual report	notification)
	12 111111 West 2.33. 110 02 43	ea for taxare annual report	notification,
For further information	concerning this matter, pleas	e call:	
Cynthia Biron		850 at (536-0614
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	904-536-1406 artment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

Articles of Incorporation of

	NH	4sm	n-Ed I	$2nC_{i}$		
(Name e	of Corporation 2	is currently f	iled with the Florida	Dept. of State)		_
	PD 3	11000656	() 2			
			orporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Sta	itutes, this <i>Fla</i>	orida Profit Corporat	ton adopts the follow	ing amen	dment(s)
A. If amending name, enter the new na	ame of the corpo	ration:				
					The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "	Inc. or "Co	". A professional co			
B. Enter new principal office address, (Principal office address MUST BE A S		<u>'SS</u>)				
						_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)						_
D. If amending the registered agent an	nd/or registered	office addres	s in Florida, enter th	e name of the	2019.	
new registered agent and/or the new				Li-		- E
Name of New Registered Agent	Cynthia Biron			H.	1	
	2743 Westbur	y Drive		S C	 } 	M
		(Florida street	address)	<u> </u>	ှုထ္	
New Registered Office Address:	Tallahassee			3 23 03 , Florida 	5	
		(C)	ity)		p Code)	_
New Registered Agent's Signature, if c			h t			
I hereby accept the appointment as regist			,		,	
5.am	e azent Signatur	e of New Reg	stered Agent, if change	uffica Sis	er	

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; CEO = 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: XChange	<u>b.l.</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change		Cynthia Biron	2743 Westbury Drive
Add			Tallahassee, FL 32303
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Please change my name from Cynthia Leiseca to Cynthia Biron. Name change is due to divorce.
See attached documentation for proof of name change.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:, if other than the
date this document was signed.	Luna 2, 2040
Effective date if applicable:	June 3, 2019
<u> </u>	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE) NA
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	
,	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
DatedSignature	Countlie Brion
(B) sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Cynthia Biron
	(Typed or printed name of person signing)
	President
	(Title of person signing)