POBOCOSYNO

(Re	questor's Name)	 	
(Ad	ldress)		
(Ac	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
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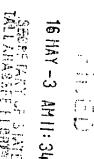
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MAY 05 2016 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HALDON (INSTRUCTION INC.) DOCUMENT NUMBER: PO30084970
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Layla De la Espiela Name of Capitact Person Halbar (Instruction TO)
Firm/Company 7340 SW 48 St SWITE 102 Address
Michigan FL 38 155 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leyla De la Fspicila at (305) 603 9944 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 Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

FILED

Articles	of Incorporation
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	of 16 MAY -3 AM 11: 34
tarbour le	nstructional
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	an a
	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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	a address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fan	
Signature of	New Registered Agent, 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Blexander 6. Lesseur	7340 SW 48 st
<u></u> ✓ Add			suite 102
Remove			Micami FL 3315
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)	
	· · · · · · · · · · · · · · · ·
	$\mathbf{x} = \mathbf{x} + \mathbf{x}$
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	10 17°
provisions for implementing the amendment if not contained in the amendment itself:	ı
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 4/28/10 date this document was signed.	, if other than the
Effective date if applicable: $4/28/6$ (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/28/16	
Signature Lub Do to Esprella	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
<u>Vice president</u>	
(Title of nerson signing)	