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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Parthenon Financia	al Group, Inc.			
DOCUMENT NUM	BER: P04000118427				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	ter to the following:			
	Zachary Hoffman				
		Name of Contact Person)		
	Parthenon Financial Group. Inc.				
		Firm/ Company			
	4901 NW 17th Way, Ste 503				
	Address				
	Fort Lauderdale, FL 33309				
	 	City/ State and Zip Code	e		
Zan	h.Hoffman@Exults.com				
7.ac	•	sed for future annual report	notification)		
	E-mail address. (to be de	sed for future annual report	notifications		
For further informati	on concerning this matter, pleas	se call:			
Zachary Hoffmann		at (at (763-1130		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check t	for the following amount made	payable to the Florida Depa	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)		
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 Amendment to Articles of Incorporation of

Parthenon Financial Group, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P04000118427 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NA The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 4901 NW 17th Way, Ste 503 (Florida street address) Fort Lauderdale Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove		•	
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

. <u>If amending</u> (Attach <i>additi</i>	or adding add onal sheets, if r	itional Article necessary). (s, enter chans Be specific)	<u>(e(s) here</u> :			
Change of addre	ss of registered	l agent: 4901 N	NW 17th Way,	Ste 503, Fort L	auderale, FL	33309	
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. If an amend	ment provides	for an exchan	nge, reclassific	ation, or cance	ellation of iss	ued shares,	
(if not a	applicable, indi	icate N/A)	inent ii not co	mtameu <u>m tne</u>	amendment	nocu.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 wi document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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"	
by	
☐ 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.	
8/27/18 Dated	
Signature Jupany Hoffman	
(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)	
Zachary Hoffman	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	