## P08 0000 51589

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2019 JUN -4 AN 8: 47
SECRETARY OF STATE
FALL AHASSEE, FL

C Kinsey

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA               | TION: DH Methods of Ed  | ucation, Inc.  |                       |  |
|-------------------------------|---|--|-----------------------|--|
| DOCUMENT NUMBER               | P080000051589   |  |                       |  |
| The enclosed Articles of .    | Amendment and fee are sub                                       | mitted for filin   | g.                    |  |
| Please return all correspo    | ndence concerning this matte                                    | er to the follow   | ving:                 |  |
| Су                            | nthia Biron (formerly Cyni                                      | thia B. Leised   | ca)                   |  |
| <del></del>                   |   | Name of Cor  | ntact Person          |  |
| DH                            | l Methods of Education, I                                       |  |                       |  |
|                               |   | Firm/ Co   | ompany                |  |
| 27                            | 43 Westbury Drive   |  |                       |  |
|                               |   | Add  | ress                  |  |
| Та                            | llahassee, FL 32303   |  |                       |  |
| -                             |   | City/ State ar   | nd Zip Code           |  |
| cindv@d                       | Ihmethed.com  |  |                       |  |
|                               | E-mail address: (to be use                                      | d for future an  | nual report r         | otification)   |
|                               |   |  |                       | ,  |
| For further information co    | oncerning this matter, please                                   | call:  |                       |  |
| Cynthia Biron                 |   | at (   | 350                   | 536-0614   |
|                               | Contact Person<br>to following amount made pa                   |  | Cell                  | e & Daytime Telephone Number  904 556-1406  Innent of State:                           |
| ☐ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status                     | S43.75 Filis<br>Certified Co<br>(Additional<br>enclosed) | ору                   | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amendi<br>Division<br>P.O. Bo | e Address ment Section t of Corporations ex 6327 ssee, FL 32314 |  | Divisior<br>Clifton I | Address nent Section of Corporations Building ecutive Center Circle                    |

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

|  |                              | " I = = D            | T1.0                 | ١   |                  | $\circ$              |
|--|------------------------------|----------------------|----------------------|---|------------------|----------------------|
|  | DH metr                      | 1092 OH              | <u>E90CO</u>         | +100  | I                | DC.                  |
| ( <u>Name</u>  | of Corporation as curren     | tly filed with the F | lorida Dept. of Sta  | <u>(te</u> )  |                  |                      |
|  | P0800000515                  |                      |                      |   |                  |                      |
|  | (Document Number             | of Corporation (if I | (nown)               |   |                  |                      |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, thi | s Florida Profit Co  | prporation adopts th | e followin  | g amen           | idment(s) to         |
| A. If amending name, enter the new n   | ame of the corporation:      |                      |                      |   |                  |                      |
|  |                              |                      |                      |   | _The             | new                  |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or     | "Co". A profession   |                      |   |                  |                      |
| B. Enter new principal office address,   |                              |                      | _ <del></del> €:-    |   | _                |                      |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |                              |                      |                      |   | ے و              | وجيجه                |
|  |                              |                      |                      | <b>F</b> ::   | <del>-\_</del>   |                      |
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| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST  |                              |                      |                      | 113.77  | A                | Australia<br>Para di |
| (Maning andress MAT BE A 1 OST   | OFFICE BOX                   |                      | <del></del>          |   | − <del>⇔</del> − |                      |
|  |                              |                      |                      |   | _62_             | <u>-</u>             |
|  |                              |                      |                      |   |                  |                      |
|  |                              |                      |                      |   |                  |                      |
| D. If amending the registered agent ar   | nd/or registered office ad   | dress in Florida, e  | nter the name of th  | <u>e</u>  |                  |                      |
| new registered agent and/or the ne   | w registered office addre    | <u>881</u>           |                      | -   |                  |                      |
| Name of New Registered Agent   | Cynthia Biron                |                      |                      |   | _                |                      |
|  | 2743 Westbury Drive          |                      |                      |   |                  |                      |
|  | tFlorida s                   | treet address)       |                      |   | -                |                      |
| New Registered Office Address:   | Tallahassee                  |                      | . Florid             | 32303   |                  |                      |
|  |                              | (City)               | , 1 10110            |   | Codes            | _                    |
|  |                              | •                    |                      | ·   |                  |                      |
|  |                              |                      |                      |   |                  |                      |

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.

Same agent new name Countling Surone Signature of New Registered Agent, I 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:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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: XChange           | <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                       |
| 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                        |              |               | <del></del>                           |
| Remove                     |              |               |                                       |
| 6) Change                  |              |               | · · · · · · · · · · · · · · · · · · · |
| Add                        |              |               |                                       |
| Remove                     |              |               |                                       |

| )loggo chance         | nal sheets, if necessary). (Be specific)   |  |
|-----------------------|--|--|
| riease change<br>———— | my name from Cynthia Leiseca to Cynthia Biron. Name change is due to divorce.                  |  |
| iee attached d        | ocumentation for proof of name change.   |  |
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| if an amendo          | ent provides for an exchange, reclassification, or cancellation of issued shares,              |  |
| provisions fo         | r implementing the amendment if not contained in the amendment itself: plicable, indicate N/A) |  |
| (y noi aj             | pucane, maicae (NA)  |  |
| <del></del>           |  |  |
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| The date of each amendment(s                                       | adoption:  | , if other than the                        |
|--|--|--|
| date this document was signed.                                     | une 3, 2019  |  |
| Effective date if applicable:                                      |  | 440  |
|  | (no more than 90 days after amendment file   | aate)                                      |
| Note: If the date inserted in the document's effective date on the | s block does not meet the applicable statutory filing require Department of State's records.   | ments, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE) NA   |  |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast for the sufficient for approval.   | e amendment(s)                             |
|  | approved by the shareholders through voting groups. The foll<br>for each voting group entitled to vote separately on the amen  |  |
| "The number of votes ca  | ast 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 a   | and shareholder                            |
| The amendment(s) was/were action was not required.                 | adopted by the incorporators without shareholder action and s  | hareholder                                 |
| DatedSignature   | Synthia Biron  |  |
| sele   | a director, president or other officer – if directors or officers heted, by an incorporator – if in the hands of a receiver, trustee binted fiduciary by that fiduciary) |  |
|  | Cynthia Biron  |  |
|  | (Typed or printed name of person signing)  |  |
|  | President  |  |
|  | (Title of person signing)  | <del></del>                                |