PD8000000424

•	
(Requestor's Name)	
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PICK-UP WAIT MAIL	-
(Business Entity Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: SOAR Huma	an Development T	Tools, Inc.		
DOCUMENT NUMI	BER: P080000634	124			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Anthony B. Por	tigliatti			
Name of Contact Person SOAR Global Institute, Inc.					
	5950 Lakehurs		169		
	Orlando, FL 32819				
,		City/ State and Zip Cod-	e		
abi	p@fcuonline.co	ed for future annual report	notification)		
	n concerning this matter, pleas	e call:			
Bruno Portigliatti Name of Contact Person		at (407	de & Daytime Telephone Number		
*	r the following amount made p				
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

SOAR Human Development Tools, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000063424	itta Dept. of State)	
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation: SOAR Global Institute, Inc.		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must o	bbreviation
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)		14 DEC 15
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	8: 27
<u> </u>		
(Florida street	address)	
New Registered Office Address: (City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				***************************************
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attac	<mark>ending or adding additional</mark> A h <i>additional sheets, if necessar</i>	y). (Be specific)	medal more.		
,	,				
			···		<u> </u>
	**				
	<u> </u>				
					
If an a	amendment provides for an e isions for implementing the a	xchange, reclassi	fication, or cancel	llation of issued sha	res,
prov	<u>isions for implementing the a</u> (if not applicable, indicate N/A)	mendment if not	contained in the a	imendment itself:	
,	y noi applicaole, malcale WA	,			
			TTD (M) be and or a re-		

			- '		
				_	
				_	

The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	12/10/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 12/0	08/2014,	
Dated	Moliphi	
Signature	By a director, president or other officer – if directors or officers have not been	
So	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	
	Anthony B. Portigliatti	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	_