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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Workplace	Performance	Network, Inc.
DOCUMENT NUMBER: P090009556		
The enclosed Articles of Amendment and fee are sub		
Please return all correspondence concerning this matt	er to the following:	
George Koehn		
WHPN Inc.	Name of Contact Person	1
	Firm/ Company	
PO Box 70035	· miz company	
	Address	
Fort Lauderdale	, FL 33307	
	City/ State and Zip Code	€
george@whpn.net		
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	e call:	
George J. Koehn	at (954	628-6100
Name of Contact Person	Area Code & Daytime Telephone Numbe	
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	□\$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

Workplace Performance Network	c Inc.		
(Name of Corporation as currently filed wi	th the Florida Dept. of State)		
P09000095566			
(Document Number of Corpo	ration (if known)	.	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation	adopts the following ar	mendment(s) to
A. If amending name, enter the new name of the corpora	tion:		
Workplace & Human Performance	e Network, Inc.	Ti	he new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	rporation," "company," or "incor c," or "Co". A professional corpo	rporated" or the abbro	eviation
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 <u>MAY BE A POST OFFICE BOX</u>)			
	<u> </u>		
D. If amending the registered agent and/or registered off	ice address in Florida, enter the n	ame of the	
new registered agent and/or the new registered office			
Name of New Registered Agent			
	orida street address)		
New Registered Office Address:	, Florid	da	
	(City)	(Zip Code)	
		,	
New Registered Agent's Signature, if changing Registered	l Agent•		
I hereby accept the appointment as registered agent. I am fo		ons of the position.	
Signature of New Reg	istered Agent, if changing		
		Ās	2

APR (8 AM)
RETARY OF STABLASSEE FILE

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	PT Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
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4) Charrier			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add	 		
Pemove			

f 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)		(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:		
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	provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption: March 22, 2013
Effective date if applicable: March 22, 2013
(no more than 90 days after amendment file date)
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)
☐ 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 March 22, 2013
Signature 3.4.
(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)
George J. Koehn
(Typed or printed name of person signing)
President
(Title of person signing)