P09000094584

| (Red | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| | | |
| Certified Copies | _ Certificates | or Status |
| Special Instructions to | Filing Officer: | |
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0CT 0 2 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: | MORE | THAN PREPS, | INC. |
|--|-------------------------------------|--|--|
| DOCUMENT NUMBER: | P | 09000096584 | |
| The enclosed Articles of Amenda | nent and fee are su | bmitted for filing. | |
| Please return all correspondence | concerning this ma | tter to the following: | |
| | | Eular Nelsor | 1 |
| | | Name of Contact Person | 1 |
| | | CDC Consulting | |
| | | Firm/ Company | , |
| | | P.O. Box 963 | 2 |
| al dan alama | | Address | |
| | | Ft. Lauderdale, | FL 33310 |
| | | City/ State and Zip Cod | |
| | | · 4000@t | |
| E ma | | on4699@netzer | |
| E-ma | n address: (to be us | sed for future annual report | nouncation) |
| For further information concerning | g this matter, pleas | se call: | |
| Eular Nelson | | at (954 | 、309-4280 |
| Name of Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a check for the follow | ving amount made | payable to the Florida Depa | artment of State: |
| | .75 Filing Fee & tificate 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 Addre | | | Address |
| Amendment Section Division of Corporations | | Amendment Section | |
| P.O. Box 6327 | | Division of Corporations Clifton Building | |
| Tallahassee, FI | | | Executive Center Circle |
| , | | | assee, FL 32301 |

Articles of Amendment Articles of Incorporation

More Than Preps, Inc.

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

N09000096584

| | 1100000000 | ,00 . | | 14. |
|---|------------------------|-------------------------------|--------------------------|------|
| (Document Number | r of Corporation (if | known) | | |
| Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation: | orida Statutes, this F | lorida Profit Corporation | adopts the following ame | ndme |
| a. If amending name, enter the new name of the | e corporation: | | | |
| | | | The | new |
| name must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or | orp," "Inc," or "C | o". A professional corpo | | |
| 3. Enter new principal office address, if applica | ahle: | | | |
| Principal office address MUST BE A STREET A | | | | |
| | , | | | |
| | | | | |
| | | | <u> </u> | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | PAVI | | | |
| (Mailing address MAT BE A POST OF FICE | BUA) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| If amending the registered agent and/or regi | | ss in Florida, enter the na | ime of the | |
| new registered agent and/or the new register | red office address: | | | |
| Name of Nov Pagistaved Agent | | | | |
| Name of New Registered Agent | | | _ | |
| | | | | |
| , , | (Florida stree | et address) | | |
| | | | | |
| New Registered Office Address: | (0) | , Florid | | |
| | (City) | | (Zip Code) | |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| hereby accept the appointment as registered agei | | ith and accept the obligation | ons of the position. | |
| | - | | - | |
| | | | _ | |
| Signature o | f New Registered Ag | gent, 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.

| X Change | PT John | <u>1 Doe</u> | |
|----------------------------|---------------------|-------------------|-------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | SV Sally | y Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) X Change | PD | Raymond Beasley | 6210 NW 12th CT |
| Add | | | Sunrise, FL 33313 |
| Remove | | | |
| 2) Change | STD | Cassandra Beasley | 6210 NW 12th CT |
| X Add | | | Sunrise, FL 33313 |
| Remove | | | |
| 3) Change | | <u>., </u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | - | |
| Add | | | |
| Remove | | | |
| O Charac | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame- | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nument if not contained in the amendment itsen. |
| (if not applicable, indicate N/A) | nument if not contained in the amendment itsen. |
| (if not applicable, indicate N/A) | nument it not contained in the amendment itsen. |
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| (if not applicable, indicate N/A) | nument it not contained in the amendment itsen. |
| (if not applicable, indicate N/A) | nument it not contained in the amendment itself. |
| (if not applicable, indicate N/A) | nument it not contained in the amendment tisen. |

| The date of each amendment(s) adoption: September 16, 2012 | | |
|---|--|--|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval. | |
| | proved by the shareholders through voting groups. The following statement 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 | (voling group) | |
| | (voting group) | |
| The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareholder | |
| Dated | -24-12 | |
| Signature | Eular My | |
| | lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | ted fiduciary by that fiduciary) | |
| | Eular Nelson | |
| | (Typed or printed name of person signing) | |
| | Director | |
| | (Title of person signing) | |