## P09000101149

| (Requestor's Name)                      | - |       |
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## COVER LETTER

TO: Amendment Section

Division of Corporations

Barral Institute, Inc. NAME OF CORPORATION: P09000101149 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alex Jozefyk Name of Contact Person Barral Institute, Inc. Firm/ Company 11211 Prosperity Farms Rd., Suite D-325 Address Palm Beach Gardens, FL 33410 City/ State and Zip Code alex.jozefyk@iahe.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 561 ) 622-4334

Area Code & Daytime Telephone Number Alex Jozefyk Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Barral Institute, Inc.  |                                |                            |                                     |                                     |
|---|--------------------------------|----------------------------|-------------------------------------|-------------------------------------|
| (Name of Corpor   | ation as currently f           | iled with the Florida D    | Pept. of State)                     |                                     |
| P09000101149  |                                |                            |                                     |                                     |
| (Do   | cument Number of C             | orporation (if known)      | <del></del>                         |                                     |
| Pursuant to the provisions of section 607.1006, Flo<br>its Articles of Incorporation:   | rida Statutes, this <i>Fl</i>  | orida Profit Corporatio    | n adopts the follo                  | owing amendment(s) to               |
| A. If amending name, enter the new name of th   | e corporation:                 |                            |                                     |                                     |
|   |                                |                            |                                     | The new                             |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or | orp," "Inc," or "Ce            | i". A professional corp    | orporated" or ti<br>poration name n | he abbreviation<br>nust contain the |
| B. Enter new principal office address, if applica   |                                |                            |                                     |                                     |
| (Principal office address <u>MUST BE A STREET</u> )   | (DDRESS )                      |                            | ,                                   |                                     |
|   |                                |                            |                                     |                                     |
|   |                                |                            | <del>,</del>                        | <del>}}∽</del> ∏ లే                 |
| C. Enter new mailing address, if applicable:  |                                |                            |                                     | 그는 목 🖰                              |
| (Mailing address <u>MAY BE A POST OFFICE</u>  | <u>BOX</u> )                   |                            |                                     | <del></del>                         |
|   |                                |                            |                                     | 02                                  |
|   |                                |                            |                                     |                                     |
|   |                                |                            |                                     |                                     |
| <ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>                                       |                                | s in Florida, enter the    | name of the                         |                                     |
| Alex Jo   |                                |                            |                                     |                                     |
| Name of New Registered Agent  | Zetyk                          |                            |                                     | - <del></del>                       |
|   |                                |                            |                                     |                                     |
|   | (Florida stree                 | t address)                 |                                     |                                     |
| New Registered Office Address:  |                                |                            | Florida                             |                                     |
|   | <u> </u>                       | ʻityt                      |                                     | (Zip Code)                          |
|   |                                |                            |                                     |                                     |
|   |                                |                            |                                     |                                     |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age   | Registered Agent:              | th and accept the obliga   | itians of the posit                 | tian                                |
| Thereby accept the approximate as registered age  | an rem <sub>i</sub> renamen an | or tom the expanse of sage | anne in the primit                  |                                     |
|   |                                |                            |                                     |                                     |
| (CCC)   | 200-                           | vistered Agent, if change  |                                     |                                     |
|   | Signature of New Res           | vistered Agent if change   | ino                                 |                                     |

## 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                   | <u>PT</u> <u>Joh</u> : | n Doe              |                            |
|----------------------------|------------------------|--------------------|----------------------------|
| $\underline{X}$ Remove     | <u>V</u> <u>Mik</u>    | te Jones           |                            |
| X Add                      | <u>SV</u> <u>Sall</u>  | y Smith            |                            |
| Type of Action (Check One) | <u>Title</u>           | Name               | Address                    |
| 1) Change                  | DPST                   | John M Upledger    | 8380 Woodsmuir Drive       |
| Add                        |                        |                    | West Palm Beach, FL 33412  |
| X Remove                   |                        |                    |                            |
| 2) Change                  | P                      | Dawn Langues Shear | 5704 Interbay Boulevard    |
| X Add                      |                        |                    | Tampa, FL 33611            |
| Remove                     |                        |                    |                            |
| 3)Change                   | VT                     | Alex Jozefyk       | 2407 Bellarosa Circle      |
| X Add                      |                        |                    | Royal Palm Beach, FL 33411 |
| Remove                     |                        |                    |                            |
| 4) Change                  | S                      | Kathleen J Woll    | 8176 SE Palm Street        |
| Add                        |                        |                    | Hobe Sound, FL 33455       |
| Remove                     |                        |                    |                            |
| 5) Change                  |                        |                    |                            |
| Add                        |                        |                    |                            |
| Remove                     |                        |                    |                            |
|                            |                        |                    |                            |
| 6) Change                  |                        |                    |                            |
| Add                        |                        |                    |                            |
| Remove                     |                        |                    |                            |

| 1 1 1 1 1                  | ng additional Articles, enter cl | iange(s) nere:                   |                      |              |
|----------------------------|----------------------------------|----------------------------------|----------------------|--------------|
| ttach <i>additional si</i> | eets, if necessary). Be specific | .)                               |                      |              |
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| an amendment 1             | rovides for an exchange, reclas  | sincation, or cancellate         | on or issued shares, |              |
| provisions for im          | lementing the amendment if no    | <u>se contained in the ai</u> ne | noment usen:         |              |
| (ң посарраса               | ole, indicate N/A)               |                                  |                      |              |
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| The date of each amendment(s) adoption:   | , if other than th                           |
|---|--|
| date this document was signed.  |  |
| Effective date if applicable:  (no more than 90 days after amendment file)  |  |
| (no more than 90 days after amendment fi  | le date)                                     |
| Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.                               | irements, this date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE)  |  |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.   | the amendment(s)                             |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The finust be separately provided for each voting group entitled to vote separately on the am             |  |
| "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 action was not required.   | n and shareholder                            |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.   | d shareholder                                |
| 6/15/17<br>Dated  |  |
| Signature /7000/  |  |
| Signature  (By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary) | rs have not been<br>tee, or other court      |
| Alex Jozefyk  |  |
| (Typed or printed name of person signing)   |  |
| VT  |  |
| (Title of person signing)   |  |