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R. Whiis

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STUDENT-SOLU	TIONS US CORP	
DOCUMENT NUMBER: P11000001119		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Anthony Jonovich		
	Name of Contact Person	1
Student-Solutions US Corp		
	Firm/ Company	
6658 NW 57TH STREET		
	Address	
FORT LAUDERDALE, FL	33319	
	City/ State and Zip Code	2
A.JONOVICH@HOTMAIL.COM	[
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
ANTHONY JONOVICH	954 at (<u>944-1117</u>
Name of Contact Person		/ de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building yecutive Center Circle

Tallahassee, FL 32301

FILED

to Articles of Incorporation of

Articles of Amendment

16 MAR 11 PH 4: 18

SECSPIARY OF STATE STUDENT-SOLUTIONS US CORP (Name of Corporation as currently filed with the Florida Dept. of State) Divida P11000001119 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: OPM GROUP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) 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.

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= Trustce; 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>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		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				<u> </u>
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
	Mark Control of the C			
•				
			······································	
If an amend	ment provides for an exchange, recta for implementing the amendment if r	ssification, or cane	cilation of issued sha	ares,
(if not a	pplicable, indicate N/A)	ov convanied in the	WILLIAM INSTANCE	
			,	
				

The date of each amendment(s	01/01/2016) adoption:	, if other than th
late this document was signed.	• • •	
(- Effective date <u>if applicable</u> :	3/08/2016	
in applicable.	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder	
action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/08/2 Dated	016	
Signature	Any me	
sele	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ANTHONY JONOVICH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	