

P100081983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

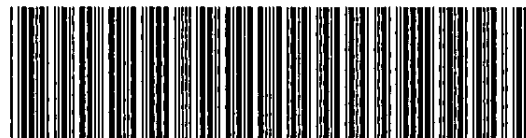
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100237469191

07/19/12--01024--005 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUL 19 AM 9:10

FILED

NIC/Amend
SY
7-20-12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: International Institute of Brain Research and Education

DOCUMENT NUMBER: P11000081983

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

~~Dr. Nick Kealoha~~ **DR. NICHOLAS KEALOHA**
Name of Contact Person
International Institute of Brain Research and Education
Firm/ Company
910 West Avenue Suite 618
Address
Miami Beach, Florida 33139
City/ State and Zip Code

drnickkealoha@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. NICHOLAS KEALOHA
~~Dr. Nick Kealoha~~ at (786) 427-3612
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

FILED
2012 JUL 19 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The

American Academy of Hypnosis and NLP Corp.

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

P110000081983

(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:

International Institute of Brain Research and Education Corp.

The new

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**)

910 West Avenue Suite 618

Miami Beach, Florida 33139

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

910 West Avenue Suite 618

Miami Beach, Florida 33139

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

Dr. Nick Kealoha DR. NICHOLAS KEALOHA

910 West Avenue Suite 618

(Florida street address)

New Registered Office Address: Miami Beach, Florida 33139
(City) (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= 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 John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) X Change D/P ~~P/D~~ DR. NICHOLAS KEALOHA 910 WEST AVENUE
 Add SUITE 618
 Remove MIAMI BEACH, FL 33139

2) Change
 Add
 Remove

3) Change
 Add
 Remove

4) Change
 Add
 Remove

5) Change
 Add
 Remove

6) Change
 Add
 Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

PLEASE ADD MY FEI # 30-0704292

PLEASE LISTED MY ADDRESS AS: 910 WEST AVENUE SUITE 618
MIAMI BEACH, FL 33139

F. If 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)

The date of each amendment(s) adoption: 07/13/2012

Effective date if applicable: IMMEDIATELY
(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 07/13/2012

Signature Dr. N. Kealoha
(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)

DR. NICHOLAS KEALOHA

(Typed or printed name of person signing)

DIRECTOR / PRESIDENT / DIRECTOR
(Title of person signing)