P12000082082

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: VIP Learning Corp. P12000082082 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dominika Richter Name of Contact Person VIP Learning Corp. Firm/ Company 21784 Brixham Run Loop Address Estero, FL 33928 City/ State and Zip Code dominika@vip-learning.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dominika Richter 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: ■\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

VIP Learning Corp.				
(Name of Corporation as currently filed	with the Florida Dept	. of State)	,	
P12000082082				
(Document Number of Cor	rporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this <i>Florida Pro</i>	<i>fit Corporation</i> adop	ts the following	amendment(s) to
A. If amending name, enter the new name of the corpo	oration:			
				The new
name must be distinguishable and contain the word ". "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	'Inc," or "Co". A pro			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				14 HAY 20 PM & 22
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		da, enter the name	of the	H & 22
Name of New Registered Agent		<u></u>		
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		ept the obligations o	f the position.	
Signature of New F	Registered Agent, if cha	nging		

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 Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	СТО	Janusz Zalewski	21784 Brixham Run Loop
Add			Estero, FL 33928
Remove			
2) Change			
Add			
Remove			
3) Change	 -		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(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)	
(if not applicable, indicate N/A)	6
(if not applicable, indicate N/A) anusz Zalewski from 15% to 3% Richard Szatkowski from 25% to	
(if not applicable, indicate N/A) anusz Zalewski from 15% to 3% Richard Szatkowski from 25% to	31%
(if not applicable, indicate N/A) anusz Zalewski from 15% to 3% Richard Szatkowski from 25% to	31%
(if not applicable, indicate N/A) anusz Zalewski from 15% to 3%	31%
(if not applicable, indicate N/A) lanusz Zalewski from 15% to 3% Richard Szatkowski from 25% to	31%
(if not applicable, indicate N/A) lanusz Zalewski from 15% to 3% Richard Szatkowski from 25% to	31%

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(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)	
(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 31/2014	
Signature Bright 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)	
Dominika Richter	
(Typed or printed name of person signing)	_
CEO	
(Title of person signing)	_