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APPROVEU AND FILED

C. LEWIS

MAR - 5 2014

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: New Vision College and Vocational Center, Inc. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Claire Rene Name of Contact Person New Vision College and Vocational Center, Inc. Firm/ Company 20401 NW 2nd Avenue Suite 102 Address Miami Gardens, FI 33169 City/ State and Zip Code clairerene10@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claire Rene 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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 MAR -3 AM 11: 28

to

New Vision College and Vocational Center, Inc.	SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State	
P130000901042	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpolits</i> Articles of Incorporation:	ration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
New Vision Education Institute, Inc.	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional 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)	
(x / mespai oy):ee aaaress <u></u>	ar dishar
	ر المراوي المر
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:	the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	Florida
(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 ob	oligations 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o Character			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	(Be specific)				
			 		
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nn amendment provides for an exc	change, reclassifi	ication, or can	cellation of i	sued shares,	
	nendment if not c	ontained in th	e amendmen	t itself:	
covisions for implementing the am (if not applicable, indicate N/A)					
					
					·



The date of each amendment	t(s) adoption:	14 MAR -3 AM II: 28	, if other than the
date this document was signed		SECRETARY OF STATE TALL MHASSEF, FLORIDA	
Effective date <u>if applicable</u> :	2/12/2014 (no m	ore than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK O	ANE)	
Adoption of Amendment(s)	(CHECK C	nte)	
The amendment(s) was/web by the shareholders was/web		Iders. The number of votes cast for the amendment(s)	
		nolders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting gro	"	
	(voting gro	up)	
The amendment(s) was/we action was not required.	re adopted by the board o	f directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorpo	rators without shareholder action and shareholder	
Dated 2 /12	2/2014		
Signature <u>/</u>			
(E		other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court if iduciary)	
	Claire Rene		
	(Typed or printed name of person signing)	
	Vice President	t	
		(Title of person signing)	