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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Document Number)		
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Amendus

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Pise T	v the TOD (earning accelery Inc.
DOCUMENT NUMBE	:R: <u> </u>	33567	
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Diann	A Herron Name of Contact Person	n
_	Rise TO 4	he TOP Learn Firm/Company	ring academy Inc.
_	2714 alas	aya Trl. Address	
-	ovie	dv, 41 327 City/ State and Zip Cod	tla5
	E-mail address: (to be us	top (Cademy 6) sed for future annual report) (Cha) -Com notification)
For further information of	concerning this matter, pleas	se call:	
Dia	nna	at (_ \(\(\) \(\) \(\)	285-8535
	Contact Person he following amount made		ode & Daytime Telephone Number
□ \$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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Idment Section In of Corporations In Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

	of
KISE TO the TOP	learning academy Inc.
(Name of Corporation as currently filed with the	ne Florida Dept, ODState)
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered." "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2218, Alafaya trl. Oyredo, fl 32765
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2218 Alafaya tr1 0 yrido, fl 32765
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
New Registered Office Address:	a street address), Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am familia	
Signature of New Pagieter	ad Agant if abanaina

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	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	475	Tamika Shade	7033 Tallow treel, Orlando, SI 32835
Remove			
2) Change Add	DTR	Myeisha Hughley	2218 alafaya fri. Oxiedo, Gl 32765
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change Add			
Remove			
6) Change			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/d)	
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	·
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 528 W	
(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 Ore	
(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 5128/14	
Signature	
(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)	
appointed nationally by that inductingly	
<u> Diama Herron</u>	
(Typed or printed name of person signing)	
Pr	
(Title of person signing)	_