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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: MIA HEWEIT PI                       | ERFORMANCE CATALY  | ST & EXECUTIVE COACH  |
|--|---|--|---|
|  | BER:  |  |   |
| The enclosed Articles  | of Amendment and fee are su                 | ibmitted for filing.   |   |
| Please return all corre  | spondence concerning this ma                | atter to the following:  |   |
|  | MIA HEWETT                                  |  |   |
|  |   | Name of Contact Perso  | 1)  |
|  |   | Firm/ Company  |   |
|  | 11457 Lakeview Drive                        |  |   |
|  | CORAL SPRINGS FL 3307                       | Address  |   |
|  |   | City/ State and Zip Cod  | <u> </u>  |
|  | mia@miahewett.com                           | chy, blac and sap cou  | •   |
|  | E-mail address: (to be u                    | sed for future annual report                                       | notification)   |
| For further information  | n concerning this matter, plea              | se call:   |   |
| MIA HEWETT   |   | 954<br>at (  | 547-4657  |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check fo   | r the following amount made                 | payable to the Florida Depa  | artment of State:   |
| \$35 Filling 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 |   | Aniend<br>Divisio<br>The Co  | Address Iment Section In of Corporations Control of Tallahassee J. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MIA HEWETT PERFORMANCE CATALYST & EXECUTIVE COACH, INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

| ( <u>Name of Corporati</u>   | ion as currently filed with the Flori   | da Dept. of State)                      |
|--|---|---|
| P14000086043   |   |   |
| (Docur   | ment Number of Corporation (if know     | vn)                                     |
| Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:  | la Statutes, this Florida Profit Corpor | ration adopts the following amendment(s |
| A. If amending name, enter the new name of the c   | orporation:                             |   |
| Aligned Intelligence Inc   |   | The new                                 |
| name must be distinguishable and contain the word "c<br>"Inc.," or Co.," or the designation "Corp," "Inc,<br>"chartered," "professional association," or the abbro | " or "Co". A professional corpor        | orated" or the abbreviation "Corp.,"    |
| B. Enter new principal office address, if applicable   |   |   |
| (Principal office address <u>MUST BE A STREET ADI</u>  | DRESS )                                 | 08 40 <b>11 6</b> 20                    |
|  |   | 5                                       |
|  |   | <del></del>                             |
| C. Enter new mailing address, if applicable:   |   | 7                                       |
| (Mailing address <u>MAY BE A POST OFFICE BO</u>  | <u></u>                                 | AH 10: 00                               |
|  |   |   |
|  |   | 0                                       |
|  | · · · · · · · · · · · · · · · · · · ·   |   |
| D. If amending the registered agent and/or registe   |   | the name of the                         |
| new registered agent and/or the new registered   | office address:                         |   |
| Name of New Registered Agent   |   |   |
|  |   |   |
| <del></del>  | (Florida street address)                |   |
| New Registered Office Address:   |   | Clasida.                                |
| New Registered Office Address.   | (City)                                  | , Florida<br>(Zip Code)                 |
|  |   | · •                                     |
|  |   |   |
| New Registered Agent's Signature, if changing Reg  |   |   |
| hereby accept the appointment as registered agent.   | l am familiar with and accept the ob    | ligations of the position.              |
|  |   |   |
|  |   |   |
| Sion   | ature of New Registered Agent, if cha   | anceina                                 |
| . пуль   | опы с од тен подменей гідет, у ст.      | mgmg                                    |
| Check if applicable  |   |   |

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)

Example:

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.

| X Change                      | <u>14</u> | John Do     | <u>oc</u>   |   |                 |
|-------------------------------|-----------|-------------|-------------|---|-----------------|
| X Remove                      | <u>V</u>  | Mike Jo     | nes         |   |                 |
| X Add                         | <u>sv</u> | Sally Sn    | nith        |   |                 |
| Type of Action<br>(Check One) | Title     |             | <u>Name</u> |   | <u>Addres</u> s |
| 1) Change                     |           | <del></del> |             |   |                 |
| Add                           |           |             |             |   |                 |
| Remove                        |           |             |             |   |                 |
| 2) Change                     |           | <del></del> |             |   |                 |
| Add                           |           |             |             |   |                 |
| Remove 3) Change              |           | _           |             |   |                 |
| Add                           |           |             |             |   |                 |
| Remove                        |           |             |             |   |                 |
| 4) Change                     |           | _           | *****       |   |                 |
| Add                           |           |             |             |   |                 |
| Remove                        |           |             |             |   |                 |
| 5) Change                     |           | _           |             |   |                 |
| Add                           |           |             |             |   |                 |
| Remove                        |           |             |             |   |                 |
| 6) Change                     |           |             |             | · |                 |
| Add                           |           |             |             |   |                 |
| Remove                        |           |             |             |   |                 |

|  | ssary). (Be specij               | (ic)                  |                         |                                       |
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| f an amendment provides for a                                  | an exchange, recla               | ssification, or cance | ellation of issued shar | es.                                   |
| provisions for implementing tr                                 | <u>ne amenument ir n</u><br>VAI) | or contained in the   | amenoment itseit:       |                                       |
| (if not applicable, indicate)                                  |                                  |                       |                         |                                       |
| (if not applicable, indicate !                                 |                                  |                       |                         |                                       |
| (if not applicable, indicate !                                 |                                  | <del></del>           |                         | ·                                     |
| (if not applicable, indicate !                                 |                                  |                       |                         |                                       |
| (if not applicable, indicate !                                 |                                  |                       |                         |                                       |
| (if not applicable, indicate :                                 |                                  |                       |                         |                                       |
| (if not applicable, indicate :                                 |                                  |                       |                         |                                       |
| (if not applicable, indicate !                                 |                                  |                       |                         |                                       |
| provisions for implementing the (if not applicable, indicate ) |                                  |                       |                         |                                       |
| (if not applicable, indicate !                                 |                                  |                       |                         |                                       |
| (if not applicable, indicate :                                 |                                  |                       |                         |                                       |

|  | 11-25-2020   |
|--|--|
| The date of each amendment(s) a  | idoption:, if other than the   |
| date this document was signed.   |  |
|  | 25-2020  |
| Effective date <u>if applicable</u> :  |  |
|  | (no more than 90 days after amendment file date)   |
| <b>Note:</b> If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.  |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |
| The amendment(s) was/were ad action was not required.                        | opted by the incorporators, or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s             | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.   |
| ☐ The amendment(s) was/were ap<br>must be separately provided for            | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):  |
| "The number of votes cas   | for the amendment(s) was/were sufficient for approval  |
|  | The state of the s |
| by   |  |
|  | (voting group)   |
| DatedSignature   | Way Just Hirectory president or other officer – if directors or officers have not been   |
| selecte  | ed, by an incorporator – if in the hands of a receiver, trustee, or other court  |
| appoir   | sted fiduciary by that fiduciary)  |
|  | MIA HEWEIT   |
|  | (Typed or printed name of person signing)  |
|  | PRES   |
|  | (Title of person signing)  |