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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: STEM GLO	DBAL INSTITUT	E, INC.		
	BER: P1400009945				
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
	Dr. Edith Davis				
		Name of Contact Perso	n		
	STEM GLOBAL INSTITUTE, INC.				
		Firm/ Company			
	P.O. Box 5275				
		Address			
	Tallahassee, FL	32314-5275			
		City/ State and Zip Cod	e		
edi	thdavis58@gmail.	.com			
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Dr. Edith Davis		_{at (} 816	878-6838		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$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)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section			
	Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
,		Tallahassee, FL 32301			

Articles of Amendment

STEM GLOBAL INSTITUTE,	INC!		
(Name of Corporation as current	tly filed with the Flo	rida Dept. of State)	
P14000099454			
(Document Number	er of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following amendment(s
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "C	'o". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)		
D. If amending the registered agent and/or reg new registered agent and/or the new register		ess in Florida, enter the nam	ne of the
Name of New Registered Agent			
	(Florida stre	et 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 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	<u>PT</u> <u>Johr</u>	Doe		
X Remove	V Mike Jones			
X Add	SV Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	Directr	Ms. Patience George	2415 Basswood Lane	
Add			Tallahassee, FL 32308	
Remove				
2) Change	Direct	Mark Foley	252 Robinhood Ct.	
Add			Tallahassee, FL 32312	
Remove				
3) Change	CFO	Linda Gail Roach	9300 Coit Road, Apt.1610	
Add			Plano, TX 75025	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Konove				
6) Change				
Add				
Remove				

n amendment provides for an exchange, reclassification, or cancellation ovisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	
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<u>ovisions for implementing the amendment if not contained in the amend</u>	
(if not applicable, indicate N/A)	of issued shares,
	ment itsen.
	···
	

The date of each amendment(s) adoption:	المالية المالية المالية المالية المالية المالية المالية المالية
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 12/24/2014	
Signature Dr Sdeth & Danis	_
(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. Edith Davis	
(Typed or printed name of person signing)	-
CEO	
(Title of person signing)	-