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MAR 08 2017 R. WHITE

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: ELECTUS GLUBAK EDUCATION CO INC
DOCUMENT NUMBER: P15000002212
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRACY ZULUAGA  Name of Contact Person
ELECTUS BLOBAL EDUCATION CO INC Firm/ Company
2601 E 79 AVE
Address TPA FL 33605  City/ State and Zip Code
Tracy. Zuluaga @ electus education. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRACI Z ULUAG A at (305) 753-5755  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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)

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

## Articles of Amendment

to

## Articles of Incorporation

17 MAR -5 PH 2:43

(Name of Corporati	on as currently filed with the	Florida Dept. of State)	0.1%C
D150	100000 7°	112	
(Docum	nent Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit	Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A profes		
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	*** *** · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent		enter the name of the	
<del></del>	(Florida street address)		
New Registered Office Address:		, Florida	<del> </del>
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	the obligations of the nos	ition
no. 25, accept the appointment as registered agent.	. a jammar min ana accept	me congunous of the pos	

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 numed 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	PT John D	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
<u>X</u> Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	COD	TRACY ZULU AGA	
Add			
Remove			
2) Change	CEU	KAMAC MOUNNEH	
Add			
Remove	. /	Pagasa Hagan	
3) Change	<u>V_</u>	R.CRAIG HARRIS	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an excha provisions for implementing the amen- (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
<del></del>		

The date of each amendment(s) adoption: 2/24/17, if other than the date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more man so days after amenament free date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
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
Signature Macy Buluay
(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)
TRACY ZULUAGA
(Typed or printed name of person signing)
REGISTERED ACENT
(Title of person signing)