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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	DUCATIONAL CENTERS	CORP
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARIA T AZEREDO		
		Name of Contact Person	n
	TAXES AND ACCOUNTIN	G SOLUTIONS CORP	
		Firm/ Company	.
	9300 NW 25TH STREET SU	JITE 109	
		Address	_
	MIAMI, FLORIDA 33172		
		City/ State and Zip Cod	e
ACC	OUNTING@TASMIAMI.CO	М	
	-	sed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	se call:	
MARIA T AZEREDO)	at (418-1585
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made j	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

of

INNOVATIVE EDUCATIONAL CENTERS CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000016151	
(Document Number of C	Corporation (if known)
,	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling damess MAT BE A TOST OF THEE BOX)	
	The state of the s
	Par -
	W
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	3
Name of New Registered Agent	
	7 €
(Florida stree	et address)
	5 1
New Registered Office Address:	, Florida
	(1 4)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.
Signature of New Re	gistered 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)	Title	Name	<u>Addres</u> s
1) Change	VP	MARIA T AZEREDO	9975 NW 46TH ST # 302
X Add			DORAL FL 33172
Remove			
2) Change	VP	RUBEN PACHECO	2100 NW 107TH AVE
Add	-		MIAMI FL 33172
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
. Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amendment provides for an exchange, recl visions for implementing the amendment if (if not applicable, indicate N/A)						
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The date of each amendment(s) adoption date, this document was signed.	04 / 07 / 2016 on:	, if other than the
04 / 07 / 20 Effective date <u>if applicable</u> :	016·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this dat ent of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b by the shareholders was/were sufficien	by the shareholders. The number of votes east for the amendment(s nt for approval.)
☐ The amendment(s) was/were approved must be separately provided for each was	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	by the board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were adopted b action was not required.	by the incorporators without shareholder action and shareholder	
04/07/2016		
Dated		
(By a director selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	:
RUBE	EN PACHECO	
***	(Typed or printed name of person signing)	
VICE	PRESIDENT .	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·