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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Quality Education Facility				
DOCUMENT NUMBER: P170000 ZDO2				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Danyell Shachelford Name of Contact Person Pinlity Education Facility Firm/ Company 2705 Allen Rd Tallahassee F1 32312 Address Tallahassee FL 32312 City/ State and Zip Code twoperations manager a gray and com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Danyell Shackel Ford at (850), 459-9355 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:				
Sectificate of Status Section				
Mailing Address Amandment Section Amandment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Amenument 	
for Articles of In	o ncorporation	
Quality Education Facility, I	of NC the filed with the Florida Dept	of State)
PIT DODDO 2007	dy filed with the Florida Dept.	. Of State)
11133332	of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s <i>Florida Profit Corporation</i> ad	opts the following amendment(s
A. If amending name, enter the new name of the corporation:		
	<u>. </u>	Thenew
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	
B. Enter new principal office address, if applicable:	NA	19
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•	
	· · · · · · · · · · · · · · · · · · ·	20 - A
C. Enter new mailing address, if applicable:	NIA	?: ^X X X X X X X X X X X X X X X X X X X
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10/1	<u> </u>
D. If amending the registered agent and/or registered office ad-	drace in Florida, enter the name	re of the
new registered agent and/or the new registered office addre	 	ie or trig
Name of New Registered Agent NA	<u>.</u>	
(Florida)	street address)	
New Registered Office Address: NA		, Florida
. San tre State of the State of	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, 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 = CExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each c held. President. President.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. The 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 Cha Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Wirke Jones, v as Keme	we. ana sany	Smith, SV as an Add.	
Example: X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name)	<u>Addres</u> s
1) Change	P	True Wisdom New Ho Ministries Internation	l - ' 1
Remove		Development Center I	NC FL 32303
2) X Change	(ED	Lorenza Rutledge	P.D. Box 14628
Add		J	Tallahassee FL
Remove			3/3/7
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
NI	A
	
If an an	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:
(if	not applicable, indicate N/A)
	NA
	- — - — - — — — — — — — — — — — — — — —

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file 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 east 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 08/29/19
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)
Lorenza Rutledge
(Typed or printed name of person signing)
(EO
(Title of person signing)