Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.

Account Number : I20170000070 Phone : (305) 226-8727 Fax Number : (305)226-8767

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPRING OF LIFE CONSTRUCTION ART NATURE TECHNOLOGY CO

Certificate of Status	Ô
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COVER LETTER

TU:	Amendment Section	
	Division of Corporation	ŝ

NAME OF CORPORAT	ПОN: <u>5 Prun 6 (</u>	OF LIFE CON	STAUCTION AM	IT NATURE TECHNOLOGY COMP
DOCUMENT NUMBER	2: <u>P1900</u>	502 4500		- lest notogy confo
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspon	ndence concerning this ma	tter to the following:		
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<u></u> _	E-mail address: (to be u	ed for future annual report	notification)	
For further information oc	occurring this matter, pleas	se call:		
Lucia	strall A	nt (30 S	-, 226 -87 a))
Name of C	ontact Person	Area Co	do & Daytime Telephone	Number
Enclosed is a check for the	e following amount made	payable to the Florida Dep	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)	
	Address		Address	
	nent Section of Corporations		iment Section on of Corporations	
P.O. Bo	•		Building	
Taliaha	8sce, FL 32314	2661 F	Executive Center Circle	

Articles of Amendment to

	Articles of inco	rporation		
Spring of Life (Name of Corporat	anstri	retion A	let Notue.	e Techo
Name of Corporat	on as currently	filed with the Flo	rida Dept. of State)	<u> </u>
P190000	345	002		ay
(Досия	nent Number of	Corporation (if kn	OWn)	,
rsuant to the provisions of section 607.1006, Florid Articles of Incorporation:	a Statutes, this F	iorida Profit Corp	oration adopts the follo	wing amendment(s)
If amending name, enter the new name of the selection of	Propretion:	ech	CORP] The new
me must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	," "Inc," or "C	o". A profession		
Enter new principal office address, if applicable				
rincipal office address <u>MUST BE A STREET ADI</u>	PRESS)			
				-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x</u>)			
If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, ente	er the name of the	
Name of New Registered Agent				
				
	(Florida stree	t address)		
New Registered Office Address:		Yay)	, Florida	Zip Code)
	,,	,,	Į,	ap down
w Registered Agent's Signature, if changing Reg creby accept the appointment as registered agent.		th and accept the o	obligations of the positi	
		<u> </u>		2019 SEP
Sign	sture of New Reg	ristered Agent, if o	hanging	5
				· —

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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Ê	Address	
1) Change	•			 	
Add					
Remove					
2) Change				 	
Add					
Remove				-	
3)Change				 	
Add					
Remove					
4)Change				 	
Add				·	
Remove					
5) Change				 	
Add					
_ Remove					
6)Change				 	
Add					
Remove					

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
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The date of each amendment(s) adoption:	09/18/2019	, if other than the
date this document was signed.		
Effective date if applicable:	09 /18 /2019 (no more than 90 days after amendment file of	date)
•	no more than 90 days after amenament file t	mte)
Note: If the date inserted in this block does not document's effective date on the Department of St		ments, this date will not be listed as the
Adoption of Amendment(s) (CHE)	CK ONE)	
The amendment(s) was/were adopted by the she by the shareholders was/were sufficient for app	archolders. The number of votes cast for the proval.	amendment(s)
☐ The amendment(8) was/were approved by the si must be separately provided for each voting gr		
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	
by	.,,,	
by(voting	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action a	nd shareholder
The amendment(s) was/were adopted by the incaction was not required.		nareholder
Dated05/18	2019	
Signature c	1- 5 7/	
	ant of other officer - if directors or officers had orator - if in the hands of a receiver, trustee,	
appointed fiduciary by		Of Other Court
	Jonge Alvanoz Can	26mgs
(Ту	ped or printed name of person signing)	
	President	·
	(Title of person signing)	