P190000 44069

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: HERITAGE SCHO	OOL, INC.			
DOCUMENT NUMI	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	CHRISTOPHER ADELEKE				
		Name of Contact Persor	1		
	HERITAGE SCHOOL, INC.				
	<u></u>	Firm/ Company			
	151 NW 162ND STREET				
	Address				
	MIAMI, FL 33169				
		City/ State and Zip Code	<u> </u>		
child	academypresch@att.net				
· ·		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
CHRISTOPHER ADELEKE		at (³⁰⁵	495-3121		
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number			
Enclosed is a check for	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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HERITAGE SCHOOL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P19000044069 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (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 hold. 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 John</u>	<u>1 Doc</u>		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>sv</u> <u>Sall</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	P.V.S,T	PATRICK ADELEKE	P.O. BOX 960490	
Add			MIAMI, FL 33296	
X Remove				
2) Change	P.V,S,T	CHRISTOPHER ADELEKE	151 NW 162ND STREET	
X Add			MIAMI, FL 33169	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			<u> </u>	
5) Change				
Add				
Remove				
6) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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 da	(e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	nendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	ing statement ent(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 action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	eholder
OCTOBER 16, 2019	
Dated	
Signature (By a director, president or other officer – if directors or officers have	e not been
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
PATRICK ADELEKE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	