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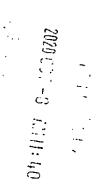
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## **COVER LETTER**

TO: Amendment Secti Division of Corpo	•	•	
NAME OF CORPOR	ATION: HERITAGE SCHO	OOL, INC	
DOCUMENT NUMB	ER: P19000044069		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PATRICK ADELEKE		
-		Name of Contact Person	
-		Firm/ Company	
	299 S. BISCAYNE DRIVE		
	MIAMI. FL 33169	Address	
-		City/ State and Zip Code	<u></u>
	antaialendulululul (Anasail aaa		
•	patrickadeleke61@gmail.con E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
PATRICK ADELEKE		at ( 305	
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HERITAGE SCHOOL, INC			
(Name of Corporation	as currently filed with the I	Florida Dept. of State)	
P19000044069			
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Co	prporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		;	2020 ()
		· ·	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		nter the name of the	1:1:0
Name of New Registered Agent		•	
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(2	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)

Example:

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P,V,S,T	CHRISTOPHER ADELEKE	151 NW 162ND STREET		
Add X			MIAMI, FL 33169		
Remove 2) Change	P,V,S,T	PATRICK ADELEKE	299 S. BISCAYNE RIVER DRIV		
X Add			MIAMI, FL 33169		
Remove 3) Change					
Add					
Remove 4) Change		_			
Add					
Remove			<del></del>		
5) Change Add					
Remove					
6) Change			<del></del>		
Add					
Remove					

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	OCTOBER 1, 2020	
The date of each amer	dment(s) adoption:, if other	r than the
date this document was	·	
Effective date if applic	OCTOBER 1, 2020	
isneetive date ir apprit	(no more than 90 days after amendment file date)	-
<b>Note:</b> If the date inser document's effective da	ted in this block does not meet the applicable statutory filing requirements, this date will not be list te on the Department of State's records.	ted as the
Adoption of Amendme	ent(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) v action was not require	ras/were adopted by the incorporators, or board of directors without shareholder action and shareholde ed.	er:
The amendment(s) we by the shareholders	ras/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
☐ The amendment(s) w must be separately µ	as/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	
	f votes cast for the amendment(s) was/were sufficient for approval	
by	w .	
	(voting group)	
Dated	10-5-20	
Signa	ure P P	
	(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)	
	PATRICK ADELEKE	
	(Typed or printed name of person signing)	
	PRESIDENT.	
	(Title of person signing)	