P19000 047 632

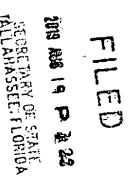
(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(<u>B</u>	dusiness Entity Name)		
(C	ocument Number)		
Certified Copies	Certificates of	Status	
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AUG 2 7 2018 T. LEIZIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUPER ENG	GLISH SCHOOL, CORP	
DOCUMENT NUMBER: P19000047632		
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
GLAUCIA BASTOS		
 	Name of Contact Person	1
TRUST CIRCLE SER	VICES, LLC	
	Firm/ Company	
1001 EAST SAMPLE	RD 10E	
	Address	
POMPANO BEACH, F	FLORIDA 33064	
	City/ State and Zip Code	2
ATENDIMENTO@THETRU	JSTCIRCLE.INFO	
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter,	please call:	
GLAUCIA BASTOS	954 at (8647884
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount in	nade payable to the Florida Depa	rtment of State;
■ \$35 Filing Fee □S43.75 Filing Fee Certificate of State		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

SUPER ENGLISH SCHOOL, CORP

	ntly filed with the Florida Dep (1886) 19 19 3 22	
219000047632		
(Document Number	of Corporation (if known) TALLAHASSEE, FLORIDA	
ursuant to the provisions of section 607.1006 . Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s	
If amending name, enter the new name of the corporation:		
	The new	
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
Enter new principal office address, if applicable:	3275 West Hillsboro Blvd Suite 201	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Deerfield Beach, Florida 33442	
· Faton non multing address if annimable		
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	3275 West Hillsboro Blvd Suite 201	
	Deerfield Beach, Florida 33442	
 If amending the registered agent and/or registered office ad 	ldress in Florida, enter the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
Name of New Registered Agent		
	street address)	
	street address), Florida (City) (Zip Code)	

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)

Remove

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 = Chairmon or Clerk; CEO = ChiefExecutive 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 V Mike Jones \underline{X} Add \underline{SV} Sally Smith Type of Action Title Name 1 Address (Check One) VΡ ELIZANGELA SLOVINSKI 6620 Boca Del Mar DR 308 1) ____ Change Boca Raton, FL 33433 ___ Add ____ Remove 2) ____ Change ___ Add ____ Remove 3) ____ Change ___ Add Remove 4) ____ Change Δ Add _ Remove 5) ____ Change ___ Add _ Remove 6) ____ Change ____ Add

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u>	dment if not contained in the amendment itself:
(if not applicable, indicate N A)	

The date of each amendment(s) adoption:	, if other than the
and the second s	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file a	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, 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 by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follomust be separately provided for each voting group entitled to vote separately on the amend.	wing statement ment(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 an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	areholder
08/01/2019	
Signature	
(By a director, president or other officer – if directors or officers hat selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
DAMON BATES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	