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COVER LETTER

| | Amendment Section Division of Corporations | |
|-------------------|---|---|
| SUBJE | CT: <u>LEARNING BA</u> | 106E Acquery Inathra & IT |
| DOCU | MENT NUMBER: / タ | 1)000000000 |
| The enc | losed Articles of Correction and for | ee are submitted for filing. |
| Please r | eturn all correspondence concerni | ng this matter to the following: |
| | Hos Har Nu letter Name of Contact Person | |
| | FIRNNIE BAINE | - Budny In. Inc. |
| 1396 | Enterprise Ostron | NJ. |
| | The Aty/State and Zip Code | 32725 |
| | MU/Le///45 & / E-mail address: (to be used for future annual re | |
| For furt | her information concerning this m | atter, please call: |
| _/+ | Name of Contact Person | at (386) J/6-9633 Area Code Daytime Telephone Number |
| Enclose | d is a check for the following amo | unt: |
| □ \$35.0 | 00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status |
| / 5/\$ 43. | 75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

| ARTICLES OF CORRECTION For LOGINING Bridge Breach Trushmints The Name of Corporation as currently filed with the Florida Dept. of State Para o 0000 255 3 / Document Number (il known) | |
|--|-------------|
| Pursuant to the provisions of Section 607.0124, Florida Statutes. These articles of correction correct Africa Statutes | |
| Specify the inaccuracy, incorrect statement, or defect: Antick IK = Panix Mobiler is not the registered Agant, this showly be they than much | |
| Correct the inaccuracy, incorrect statement, or defect: Soa Abod (Nanse) May Hand Agent to | - - - |
| Herther milder | - - - |
| (Signature of a director, desident or other efficer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) Manual M | i Bn; |

Filing Fee: \$35.00