# P23000003210

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SDET SCHO	OL INC	-	
DOCUMENT NUMBI	B2200000221		_	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	itter to the following	ng:	
		Sonia B	ecerra	
_	<del>-</del>	Name of Conta	act Person	<del>_</del>
		Swyft I	ilings	
_	<del>_</del>	Firm/ Con	npany	
		3 Greenwa	y Plaza	#1320
_		Addre	88	
_		Houston, 7	ΓX 77046	í 
		City/ State and	•	
	baur	zhan.zh@ł	notma	il.com
_	E-mail address: (to be us	sed for future annu	ial report	notification)
For further information	concerning this matter, plea	se call:		
Sor	Sonia Becerra			777-0450
Name of		Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	rida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional ec enclosed)	у	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## **Articles of Amendment** Articles of Incorporation

#### SDET SCHOOL INC

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P23000003210

1 200	000003210	
(Document Num	ber of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corporal</i>	ion adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp." "Inc." or "Co" chartered," "professional association," or the abbreviation	". A professional corporat	ated" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)		
D. If amending the registered agent and/or registered office	address in Florida, enter th	ne name of the
new registered agent and/or the new registered office add		ic name of the
Name of New Registered Agent		
(Flori	da street address)	
New Registered Office Address:		, Florida
HEW REGISTER OFFICE AUTHENS.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary		gations of the position.
X—————————————————————————————————————	ew Registered Agent, if chang	
Signature of N	ем кехіметей мдет, іј спату	ging
Check if applicable		

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach additiona	il sheets, if necessary).	(Be specific)			
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:						·
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	provisions for i (if not appli	mplementing the ame icable, indicate N/A)	endment if not cont	ained in the amend	ment itself:	
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