P24000045397



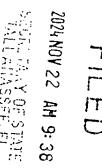
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR		CKCHAIN UNIVERSITY	INC.	
DOCUMENT NUM	P24000045397 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Shubha Sumanth			
	Name of Contact Person PNL SERVICES INC			
	Firm/ Company 4910 East Adamo Drive Unit B			
	Address Tampa FL-33605			
		City/ State and Zip Code	2	
	office@pnlservice.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Shubha Sumanth		813	503-7552	
Name of Contact Person		Area Co) de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment of State:	
S35 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

UNIVERSAL BLOCKCHAIN UNIVER	SITY INC		
(Name o	of Corporation as currently	filed with the Florida Dept. of S	late)
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Torida Profit Corporation adopts t	the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A " or the abbreviation "P.A."	ompany," or "incorporated" or the professional corporation name i	abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			202 5 E
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent at	OFFICE BOX) nd/or registered office addr	N/A Sess in Florida, enter the name of	HALLAHASSEE, FL
new registered agent and/or the ne	<u>w registered office address:</u> N/A		
Name of New Registered Agent	:N/A		
	tFlorida stre N/A		
New Registered Office Address:			rida (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	thanging Registered Agent: tered agent. Lam jamiliar w		·,
Cl. L'C. authorit			
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e), F.S.	

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:

 $P = President; V = Vice President; T \sim Treasurer, S \sim Secretary; D = Director; TR \sim Trustee; C \sim Chairman or Clerk; CEO = Chief$ 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 Doc 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: XChange	<u>PT 1e</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	tike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	MGR	Sitikantha Panigrahy	302 West Brook Avenue Brandon
1) Change X Add			FL 33511
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ff amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
Attach adamonia sneets, y necessarys. The specimer	
	_
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)	
A	
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Sept 9/2024

'	the state of the
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment tile days	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 fisted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	reholder action and shareholder
☐ 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 tollowing the separately provided for each voting group entitled to vote separately on the amend	owing statement bnentts)
"The number of votes east for the amendment(s) was were sufficient for approval	
A+/ A	
by	
ivoung group	
Dated 9/13 202-L ₁	
Signature Subha	
(By a director, president or other officer - if directors or officers li	ave not been
selected, by an incorporator - if in the hands of a receiver, trustee,	, or other court
appointed (iduciary by that (iduciary)	
CANADA CUMANATA	
(Typed or printed name of person signing)	
_	
Pegistered - Agent Replanenta (Title of person signing)	like