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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Technology Educators **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Larry Chew Name of Contact Person **Techonology Educators** Firm/ Company 3213 Tidal Pool Cove Address Lake Mary, FL 32746 City/ State and Zip Code teducators@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Larry Chew Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Technology Educators, Inc | | |
|--|---|---|
| | of Corporation as currently filed with the Flo | orida Dept. of State) |
| P9000084534 | | |
| | (Document Number of Corporation (if kn | own) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this <i>Florida Profit Cor</i> | poration adopts the following amendment(s) t |
| A. If amending name, enter the new n | ame of the corporation: | |
| | | The new |
| | ntain the word "corporation," "company," o | r "incorporated" or the abbreviation |
| | nation "Corp," "Inc," or "Co". A profession | nal corporation name must contain the |
| word "chartered," "professional Essocia | ation," or the abbreviation "P.A." | AS 28 |
| B. Enter new principal office address. | if applicable | |
| (Principal office address MUST BE A S | | |
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| C. Enter new mailing address, if appl | licable: | □ ▽ |
| (Mailing address MAY BE A POST | | 0 |
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| | | ······ |
| If amending the registered agent as new registered agent and/or the ne | nd/or registered office address in Florida, ent w registered office address: | ter the name of the |
| Name of New Registered Agent | Larry Phye-Keng Chew | |
| HEATE OF HOW F EXTENDED AND PARK | 3213 Tidal Pool Cove | · |
| | (Florida street address) | |
| | Lake Mary | 32746 |
| New Registered Office Address | | , Florida |
| | (City) | (Zip Code) |
| | | |
| | | |
| New Registered Agent's Signature, if c | hanging Registered Agent: | |
| I hereby accept the appointment as regis | tered agent. I am familiar with and accept the | obligations of the position. |
| | , | |
| () A | 10 | |
| | Signature of New Registered Agent, if | |
| | 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)

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; TP = 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.

| Example: X.Change | PI | John Doe | | | | |
|-------------------------------|-----------|----------------------|--|--|--|--|
| X Remove | Y | Mike Jones | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s | | | |
| 1) Change | OD | Evelyn Chew | 3213 Tidal Pool Cove | | | |
| Add | | | Lake Mary, FI 32746 | | | |
| X Remove | | | | | | |
| 2) X Change | OD | Larry Phye Keng Chew | 3213 Tidal Pool Cove | | | |
| Add | | | Lake Mary, Fl 32746 | | | |
| Remove | | | | | | |
| 3) Change | | | <u> </u> | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | | ************************************** | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| | itional sheets, if necessa | ery). (Be specific) | l amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) | | |
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| l an amen provision: | dment provides for an a for implementing the applicable, indicate N | echange, reclassif namendment if not (/A) | ication, or cancalist contained in the am | ion of issued share endment itself: | 1 |
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| The date of each amendment(s) addate this document was signed. | option: | , if other than th |
|--|--|--------------------------|
| · · | • | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this be document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date wo partment of State's records. | rill not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ado by the shareholders was/were sui | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. | |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voling group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 10/22/2015 Dated | | |
| Signature | Quelya | |
| selected | rector, president or other officer - if directors or officers have not been I, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | Evelyn Chew | |
| | (Typed or printed name of person signing) | |
| | Officer Director | |
| | (Title of person signing) | |