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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NO T

NAME OF CORPORATION: The Change UI	P, Inc.	
DOCUMENT NUMBER: N10000002080		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	Sutherland	
(Name of C	Contact Person)	
The Cha	inge Up, Inc.	
(Firm/	Company)	
5000 Fai	rhaven Lane	
(A	ddress)	
Naples	, FL 34109	
(City/ State	and Zip Code)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	and@comcast.net	
	for future annual report notifical	tion)
For further information concerning this matter, please	call:	
Joseph Sutherland	at ( 561 ) 436-1443 (Area Code & Daytim	3
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department	of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times\$ 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  Tallahassee, FL 32314	Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahasses, FL 32301	ns

## Articles of Amendment to Articles of Incorporation of



The Ch	nange Up, Inc.	
(Name of Corporation as curre	ently filed with the Florida Dept. of Sta	te)
N100	000002080	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		cofit Corporation adopts
A. If amending name, enter the new name of	f the corporation:	•
Miz	uno Edge, Inc	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" of	ontain the word "corporation" or "inco	orporated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
	<del> </del>	<del>.</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		er the name of the
Name of New Registered Agent:		
		_
New Registered Office Address:	(Florida street address)	_
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	ng Registered Agent: l agent. I am familiar with and accep	nt the obligations of the
<del></del>	(A)	<del></del>
S	Signature of New Registered Agent, if cha.	ทยเทย

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VD</u>	Stacy Peres	306 SW 38th Place Cape Coral, FL 33991	☐ Add ☐ Remove
<u>VD</u>	Paul Jukins	3320 8th Ave. NE Naples, FL 34120	✓ Add ☐ Remove
SD	Anne Marie Honc	1911 Piccadilly Circle Cape Coral, FL 33991	
	ig or adding additional Articles, enter of itional sheets, if necessary). (Be specifi		
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		<u> </u>	
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The date of each amendmen	t(s) adoption: 03/01/2010
Effective date <u>if applicable</u> :	03/01/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
-	Joseph Sutherland (Typed or printed name of person signing)
	President
·	(Title of person signing)