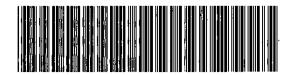
770470

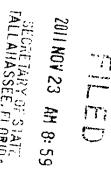
	questor's Name)	
(rce	questor s maine)	
(Adi	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Eiling Officer:	·····
Opecial instructions to a	-illing Officer.	

Office Use Only



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11/23/11--01010--011 **35.00



Amend

TBrown 11-28-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: TRUE LIFE	CHOICE		
DOCUMENT NUM	BER: 770470			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MARK MAN	(SF/ELI) f Contact Person)		
	(Name o	f Contact Person)		
•	TRUE LIFE C	CHOICE		
	(Fire	n/ Company)		
	PO BOX 547	7729 Address)		
	(Address)		
	ORINIDO 1	-L 32854 ate and Zip Code)	<u></u>	
	(City/ Sta	ate and Zip Code)		
	TLC TLC WOMEN E-mail address: (to be use	JSCENTER . ORG ed for future annual report notific	cation)	
For further information	on concerning this matter, pleas	·	,	
44.5 44			a	
(Name	FIELD of Contact Person)	at (<u>407</u>) <u>257-2</u> (Area Code & Dayti	me Telephone Number)	
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt of State:	
▼ \$35 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)	
	ing Address	Street Address		
	ndment Section ion of Corporations	Amendment Section Division of Corporati	ons	
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2011

MARK S MANSFIELD TRUE LIFE CHOICE, INC. PO BOX 547729 ORLANDO, FL 32854

SUBJECT: TRUE LIFE CHOICE, INC.

Ref. Number: 770470

We have received your document for TRUE LIFE CHOICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 011A00024574

Articles of Amendment to Articles of Incorporation of Name of Corporation as currently filed with the Florida Dept. of State TOUR TO (Document Number of Corporation (if known)) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "abbreviation "Corp." or "Inc." "Company" or "Co." may not be	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2992 ENGEWATER DR ORLANDO FL 32804
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address: (Florida	a street address)
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
(attach a	ding or adding additional A dditional sheets, if necessary ATTACHED SHEET		

The date of each amendment(s)	adoption: <u>Vc 7. 10, ZOII</u>
	(date of adoption is required)
Effective date <u>if applicable</u> :	Nov. 1 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have n	e chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
_	PRESIDENT (Title of person signing)

Article III - Purposes

The Corporation is organized as a Christian, faith based ministry exclusively for charitable, religious and educational purposes within the meaning of 501 (c)(3) of the Internal Revenue Code, including but not limited to educating the community about the abortion issue, including among its activities the operation of a pregnancy care center/medical facility offering pregnancy testing, ultrasounds, education and assistance as is needed and for the purpose of engaging in all activities permitted by Florida law that are in furtherance of this purpose.

Amended October 10, 2011 True Life Choice Inc. 770470

