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(Re	equestor's Name)	
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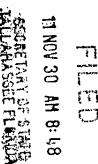
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AMERDA 12-6-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	K-LIFE OF ST	PETERSBURG	, INC.
DOCUMENT NUMBER:	N0000000736	2	
The enclosed Articles of Amendm	ent and fee are submitted for	filing.	
Please return all correspondence c	oncerning this matter to the f	following:	•
	Cynthia Muli (Name of Contact P	(ACC)	
	K-Life of St Per (Firm/ Compan	tersburg	<u></u>
	PD Box 55605 (Address)	13 V Antonio	<u>; ; ; </u>
	3t Petersburg (City/ State and Zi)	万. 33732	
E-mail	thamuligan (address: (to be used for futur	WSN . (BM) e annual report notificat	tion)
For further information concerning	this matter, please call:		
(Name of Contact P	erson) at (_	737 366 (Area Code & Daytim	- 2726 ne Telephone Number)
Enclosed is a check for the following	ng amount made payable to	the Florida Department	of State:
\$35 Filing Fee \$43.75 Certificate owed of \$10	of Status Certif	3.75 Filing Fee & ied Copy tional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2011

CYNDI MULLIGAN K-LIFE OF ST. PETERSBURG PO BOX 556045 ST. PETERSBURG, FL 33703

SUBJECT: K-LIFE OF ST. PETERSBURG, INC.

Ref. Number: N0000007362

We have received your document for K-LIFE OF ST. PETERSBURG, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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.

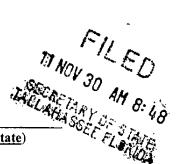
If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

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Letter Number: 411A00022332

Articles of Amendment Articles of Incorporation



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

N 0000007362. (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:

he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u> "	contain the word "corporation" or "incorporated" or the or "co." may not be used in the name.
3. Enter new principal office address, if a	
Principal office address <u>MUST BE A STRI</u>	EET ADDRESS)
C. Enter new mailing address, if applicat	<u></u> <u>ble:</u>
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)
·	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/o new registered agent and/or the new re	
	gistered office address:
new registered agent and/or the new re	egistered office address: British Walligan 170 19th We N
new registered agent and/or the new re	egistered office address: Explored Cynthia Mulligan 170 19th We N (Florida street address)
new registered agent and/or the new re	egistered office address: British Walligan 170 19th We N
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if chan	egistered office address: Cynthia Mulligan
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: Rew Registered Agent's Signature, if chan hereby accept the appointment as register	egistered office address: Cynthia Mulligan 170 19th We N (Florida street address) St Petersburg (City) (Zip Code)
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: Lew Registered Agent's Signature, if chan	egistered office address: Cynthia Mulligan

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>_P_</u>	Doyle, Bob.	Bob Doyle 1025 20th Ave NE 2x Petershung E 3370	_ ☑ Add □ Remove
<u>P</u>	Moench, Christopher		
T.	Anderson Tony + Amanda	Tony + amanda Anderson 1300 41 tve N St Actensioning R 3370	Add Remove
(attach a	ding or adding additional Articles, enter dditional sheets, if necessary). (Be spec	ific)	
o Mote	that Bob Doyle change	s from Treasurer to	President
	e S Labuda, Joanne		
o Add v		e, 1625 Beach Dr. NE	., St Retasburg Fi
Add s	6 Cureton, Kein & Betsa	1, 1057 31 Terr. NE., 54	Petersburg FL 33704
Remov	e VP Reinhart, Ken		
olemov ———	e vp Ellinger, Emeny		
			· .
 			

The date of each amendment(s) adoption: _	THE HOUSE WHEN	2011	September 1, 2011
Effective date <u>if applicable</u> :	Septem			
	(no mo	ore than 90 days after an	nendment	file date)
Adoption of Amendment(s)	(<u>C</u>)	HECK ONE)		
The amendment(s) was/wern was/were sufficient for appro-		e members and the numl	ber of vote	es cast for the amendment(s)
There are no members or madopted by the board of dire	ectors.		ent(s). Th	ne amendment(s) was/were
Dated—	/// TS/	/,,		
Signature,	Rh =	Dole		
have	not been selec		- if in the	dent or other officer-if directors e hands of a receiver, trustee, or
	Bob	Doyle		
,	(T ₎	ped or printed name of	person sig	gning)
	Presi	deut		
		(Title of person signi	ng)	