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AnenO + N.C.

C.COULLIETTE

JAN 11 2010

EXAMINER

TALLAHASSEE FLORING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LIFESIUM De Velypo	ece Economica	and Community
DOCUMENT NUM	BER: <u>NOGO</u>	XXXX 3849	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
J	Acqueline (Name o	CARPENTOR f Contact Person)	>
·		n/ Company)	
2	262 Sunda	nce Drive (Address)	
	((Address)	<u>*</u>
#	Mont Cello	M. 3234/ (ate and Zip Code)	<u>-/</u>
	E-mail address: (to be use	ed for future annual report notific	cation)
For further informatio	n concerning this matter, pleas	se call:	
		at (850)30	21.4017
(Name	of Contact Person)	(Area Code & Dayti	ime Telephone Number)
Enclosed is a check for	r the following amount made	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)
	ng Address dment Section	Street Address Amendment Section	,
Divisi	on of Corporations	Division of Corporati	ons
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cento Tallahassee, FL 3230	

Articles of Amend to Articles of Incorpor of (Name of Corporation as currently filed with to (Document Number of Corporation)	And Community Copporation the Florida Dept. of State)			
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts			
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	"corporation" or "incorporated" or the Cunnyation			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TO JAN I PM I:			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add				
Name of New Registered Agent:				
New Registered Office Address: (Florid	da street address) Florida			
•	, Florida (City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am position.	<u>tent:</u> amiliar with and accept the obligations of the			
Signature of New Registered Agent, if changing				
Page-1-of-3				

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
Mag	Ince Waddell lot Synden	2102 Sundance	Add Remove
Shan	let Synden	MUNTICHILD, SIL 32344 SAME AS A bure	Add Remove
			Add Remove
·			. A Kellove
	g additional Articles, enter ts, if necessary). (Be specif		
			
•			· · · · ·

The date of each amendment(s) adoption:
(date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 01/11/2010
Signature Macqueling Conferte
(By the chairman or vice chairman of the board, president or other officer-if directed that the not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)
JACQUETine L. CARDENTER
(Typed or printed name of person signing) President
(Title of person signing)

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