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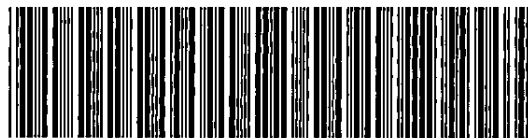
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Celebration of Life Museum, Inc.

**DOCUMENT NUMBER:** N07000001311

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dana M Smith

(Name of Contact Person)

Celebration of Life Museum, Inc.

(Firm/ Company)

3109 Newtown Blvd

(Address)

Sarasota, FL 34234

(City/ State and Zip Code)

For further information concerning this matter, please call:

Dana M Smith

(Name of Contact Person)

at ( 941 ) 565-0248

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
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(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
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Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Celebration of Life Museum, Inc.**

N07000001311

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: March 8, 2007

Effective date if applicable: March 8, 2007  
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Dana M Smith  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Dana M Smith  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**