

No 8000004243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

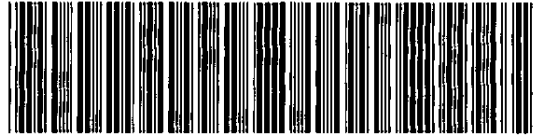
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2010

STEPHANIE ARMENTROUT
REGGAE IS LIFE, INC.
P O BOX 650806
MIAMI, FL 33265

SUBJECT: REGGAE IS LIFE, INC.
Ref. Number: N08000004243

We have received your document for REGGAE IS LIFE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 410A00003399

RECEIVED
2010 FEB 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: REBBAE IS LIFE, INC.

DOCUMENT NUMBER: N08000004243

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

Please return all correspondence concerning this matter to the following:

STEPHANIE ARMENTROUT
(Name of Contact Person)

REBBAE IS LIFE, INC.
(Firm/ Company)

PO BOX 650806
(Address)

MIAMI, FL 33245
(City/ State and Zip Code)

REBBAEISLIFE.ORG@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE ARMENTROUT at (786) 444-2894
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

Articles of Amendment
to
Articles of Incorporation
of

REBBIE IS LIFE, INC.

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

NO8000004243

(Document Number of Corporation (if known))

FILED

10 FEB 23 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

N/A

(City)

Florida

(Zip Code)

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.

N/A

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>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

SAID ORGANIZATION IS ORGANIZED
EXCLUSIVELY FOR CHARITABLE, RELIGIOUS,
EDUCATIONAL & SCIENTIFIC PURPOSES,
INCLUDING, FOR SUCH PURPOSES, THE
MAKING OF DISTRIBUTIONS TO ORGANIZATIONS
UNDER SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE, OR CORRESPONDING SECTION
OF ANY FUTURE FEDERAL TAX CODE.

The date of each amendment(s) adoption: 02/03/2010
(date of adoption is required)
Effective date if applicable: 02/03/2010
(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 02/16/2010

Signature Steph Armentrout
(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)

STEPHANIE ARMENTROUT
(Typed or printed name of person signing)

CHAIR
(Title of person signing)