NOSCOODEN 180

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporation	, 15	•		A C
·	THE KA	16DOM AGE	nor worn	b GAREN SATE
NAME OF CORPORATION				
DOCUMENT NUMBER:	N 090000	0 1/80		
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde				
Propherus	Felius Pa	Adduan		
•		(Name of Contact Per	son)	SATULIFE, IM
1280 NE	21/HL 87/m	(Firm/ Company)		
MIDMI	FC 3317	(Address)		
. 14	burp Musa	(City/ State and Zip C		
Е	-mail address: (to be use	d for future annual repo	rt notification)	
For further information conc	<i>D</i>	call:	0 -	
SylinpUl	VV	at _	454-701	-9759
1	(Name of Contact Person	1)	(Area Code) (Daytime	Telephone Number)
Enclosed is a check for the for	ollowing amount made p	ayable to the Florida D	epartment of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Sta Certified Copy (Additional Copy Enclosed)	tus
Mailing A	<u>ddress</u>	Stre	et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

16 JUL 20 AH 9: 59

· · · · · · · · · · · · · · · · · · ·	Articles of Inco	rporation	SECRETARIA
THE IGNOR MANUTON (Name of Corporation as NO80 808 0 7180	* SONCHIP	CENTER	Somere, INC.
(Name of Corporation a	s currently filed	with the Flori	da Dept. of State)
NOB0000 1/80			
	nt Number of Co		
ursuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	a Statutes, this F	lorida Not For	Profit Corporation adopts the following
. If amending name, enter the new name of the c	orporation:		
ame must be distinguishable and contain the word " Company" or "Co." may not be used in the name.	corporation" or	"incorporated"	The new" " or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
. If amending the registered agent and/or registe	red office addre	ss in Florida, e	enter the name of the
new registered agent and/or the new registered			
Name of New Registered Agent:			
New Registered Office Address:		(Flor	rida street address)
			Pl 11
_	(City)		, Florida (Zip Code)
ew Registered Agent's Signature, if changing Reg	gistered Agent:		
hereby accept the appointment as registered agent.		th and accept to	he obligations of the position.
		()/ 5	
	VIGNOTIVA	or Navu Manieta	rad Agant 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
Change Add	Direar Déponnes Aus	MINMI CAPARAS FL	730 730
Permove 2) Change Add	Dimon Down Steve	Marslian 8400 NW 2518 A MIRMI, FL 33147	ive.
Remove 3) Change Add Remove	Binour Willaw In	Show Minman, Fe 33	1 A4 023
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

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

	e date of each amendment(s) adoption:	18/16	, if other than the
	fective date <u>if applicable</u> :	5/14	
	(no more than	90 days after amendment file date)	
	te: If the date inserted in this block does not meet the current's effective date on the Department of State's re		is date will not be listed as the
Ado	option of Amendment(s) (CHECK ON	<u>E</u>)	
4	The amendment(s) was/were adopted by the member was/were sufficient for approval.	s and the number of votes cast for the ame	ndment(s)
	There are no members or members entitled to vote or adopted by the board of directors.	n the amendment(s). The amendment(s) was	as/were
	Dated 1	<u>, </u>	
	Signature Julian Signature		
		of the board, president or other officer-if	
	other court appointed fiduciary by	orporator – if in the hands of a receiver, tru v that fiduciary)	stee, or
	Sylvia C	d or printed name of person signing)	
	(Typed	or printed name of person signing)	
	DIM	2001	
		(Title of person signing)	

 \S^{\pm}