## NO 9000011337

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE CORPORATIONS

N. C. C.COULLIETTE OCT **2 1** 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: One Soul Unlin	mited The	
DOCUMENT NUM	IBER: N09000011337		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
		arco Lee	
	(Name of	Contact Person)	
	One So	oul Unlimited	
	(Firm	Company)	
I	Po Bux 220098		
	(A	Address)	
	Hollows	ood FI 33022	
		e and Zip Code)	
		*	
		nited@yahoo.com I for future annual report notifi	cation)
For further informati	on concerning this matter, please	call:	
Jack Lee		at ( 305 ) 467-28	22
(Name	e of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check t	for the following amount made pa	ayable to the Florida Departme	ent 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		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporate Clifton Building	tions
Tallahassee, FL 32314		2661 Executive Cen Tallahassee, FL 323	

## Articles of Amendment to Articles of Incorporation of

•	-	
One Soul Ur	nlimited The	
(Name of Corporation as currently file	d with the Florida Dept. of	f State)
N0900001	1337	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporat		or Profit Corporation adopts
A. If amending name, enter the new name of the cor	poration:	
One Soul Co	mmunity The	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."	ne word "corporation" or ' may not be used in the nam	'incorporated" or the <u>e</u> .
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS )	
	<del></del>	 H ¥
C. Enter new mailing address, if applicable:	<u></u>	O OCT :
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	)	
	<del></del>	<b>3</b> ₹
		9: 30
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. position.		accept the obligations of the
<u> </u>	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) **Title** <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove \_\_\_\_ Remove \_\_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) ad	option: 10/12/10
•	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated_10/12/201	-
have not b	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Marco Lee
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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