N10000003414

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COVER LETTER

TO: Amendment Section Division of Corporations

Agape International, Inc NAME OF CORPORATION:	
N10000003414	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Valora Shaw-Cole	
(Name of Contact Person)	
Agape International, Inc	
(Firm/ Company)	
6720 East Fowler	
(Address)	
Temple Terrace, Florida 33617	
(City/ State and Zip Code)	
vls0@aol.com	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Shanika Wingfield 980	729-1436
(Name of Contact Person) (Area Co	de) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Departmen	nt of State:
Certificate of Status Certified Copy C (Additional copy is C enclosed) (A	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, Ft. 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Agape International, Inc.					
(Name of Corporation as currently filed with the	e Florida	Dept. of State)			
N10000003414					
(Docum	nent Num	ber of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statu	tes, this <i>Florida Not Fe</i>	or Profit Corporation add	opts the following	
A. If amending name, enter the new name of the	e corpora	ution:			
Contagious Cares, Inc.				The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ation" or "incorporated	l" or the abbreviation "C		
B. Enter new principal office address, if applica	hle	N/A			
(Principal office address <u>MUST BE A STREET A</u>		<u>(</u>)			
		 *			
					:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		2021 AUG	_
				2.55	1
				63.3 -	П
				M 9: 03	
D. If amending the registered agent and/or registered agent and/or the new registered.			enter the name of the	10 S O	
	N/A	addi cos.		िति क	
Name of New Registered Agent:	-				
	N/A				
New Registered Office Address:		(F	lorida street address)		
	N/A		<u></u> . , . l	N/A	
	-	(City)	, Florida _ (Zip Co		
			,21,7	· · · · · · ·	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			the obligations of the pe	eitian	
i neveoy accept the appointment as registered agen	u. rum ju	аттаг жин ала иссерс	me omigunons of the po	onem.	
-		Signature of New Regist	ered 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)

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 V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	Cindy Garcia	6720 East Fowler Avenue, Suite 16 Temple Terrace, FL 33617
Remove			
2) <u>×</u> Change Add	<u>D</u>	Shanika Wingfield	2217 Matthew Township Parkway Suite-D 267
Remove 3) Remove Add Remove			Matthews, NC 28105
4) Change Add			
Remove			
5) Change Add	-11.		
Remove			
6) Change Add			
Remove			
E. <u>If amending or addi</u> (attach additional shed		ticles, enter change(s) here: (Be specific)	
N/A			

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	· · -			· <u>-</u>	
				···	
The date of each amendment(s) adopti date this document was signed.	ion:			, if other tha	in the
liffertive date if anniceables					
Effective date if applicable:	(no more than 90 day	ys after amendment f	île date)		
<u>Note:</u> If the date inserted in this block dedocument's effective date on the Department.	oes not meet the applic nent of State's records	rable statutory filing	requirements, this da	ate will not be listed as th	ie
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.

	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated Signature	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)
	Shanika Wingfield
	(Typed or printed name of person signing)
	Director
	(Title of person signing)