MUUUU004405

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Fresh Start Li	fe Center, Inc.	
DOCUMENT NUM	BER: N10000004605		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Piease return ali corre	espondence concerning this mat	ter to the following:	
		ı Thompson	**************************************
	(Name of	Contact Person)	
	Fresh Star	t Life Center, Inc.	
	(Firm	n/ Company)	
	301 S	pruce Street	
	(.	Address)	
	Jackson	ville, FL 32204	
	(City/ Sta	te and Zip Code)	
		son@clearwire.net	
	E-mail address: (to be use	d for future annual report notification	on)
For further information	on concerning this matter, pleas	e call:	
Lena Thompson		at (904) 228-8860	
(Name	of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Department of	f State:
	☐ \$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		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

2010 JUL 15 PM 12: 0

Fresh Start Life Center, Inc.

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

N10000004605

(Document Number of Corporation (if known)

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:

e new name must be distinguishable and contain breviation "Corp." or "Inc." "Company" or "Compan		
Enter new principal office address, if applical	ole: N/A	
rincipal office address <u>MUST BE A STREET Al</u>	DDRESS) N/A	
	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	8 <i>0X</i>) N/A	
	N/A	
	IN/A	
	N/A N/A	
. If amending the registered agent and/or regis new registered agent and/or the new registere	N/A tered office address in Florida ed office address;	, enter the name of th
	N/A tered office address in Florida	, enter the name of th
new registered agent and/or the new registere	N/A tered office address in Florida ed office address;	, enter the name of th
new registered agent and/or the new registere	N/A tered office address in Florida ad office address: N/A	, enter the name of th
Name of New Registered Agent:	N/A tered office address in Florida ed office address: N/A N/A	, enter the name of th

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>	Type of Action
N/A	N/A	N/A	□ Damaua
N/A	N/A	<u>N/A</u>	
N/A	N/A	N/A	
E. If amen (attach o	ding or adding addition additional sheets, if neces	nal Articles, enter change(s) here: ssary). (Be specific)	

The date of each amendmen	t(s) adoption: July 1, 2010
Effective date <u>if applicable</u> :	(date of adoption is required) August 1, 2010
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) Lena Thompson (Typed or printed name of person signing)
	President (Title of person signing)