N11000001277

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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St. St. Walter

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON:			
DOCUMENT NUMBER:	N11000001277			
The enclosed Articles of An	nendment and fee are subm	nitted for filing.	***************************************	
Please return all correspond	ence concerning this matter	r to the following:		
Kirsten Stevens				
		(Name of Contact Perso	on)	
Dare2 Be Great,inc.				
	***************************************	(Firm/ Company)		
1730S. FederaHwy. Suite	÷335			
		(Address)		
Delray Beach,FL 33483				
		(City/ State and Zip Cod	de)	
kstevens@kannico.com				
1	E-mail address: (to be used	for future annual report	t notification)
For further information cond	cerning this matter, please	call:		
Kirsten Stevens		5 at	61-819-990	3
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pag	yable to the Florida Der	partment of S	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is used)

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

Articl Article

ies of Amendment	
to	1
es of Incorporation of	C

Dare2 Be Great,Inc.		•		
(Name of Corporation as c	urrently filed with the Flori	da Dept. of State)		
N11000001277				
(Document	Number of Corporation (if kn	own)		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following		
A. <u>If amending name, enter the new name of the cor</u>	poration:			
		The new		
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."		
	1300 N. Federal Hwy. Suite202			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS) BocaRaton,FL 3343	······		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1730S. Federal Hwy. Suite335			
(Matting that ess MAT BE A 1 051 OFFICE BOX		DelrayBeach,FL 33483		
	Al-April Al-April April			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	<u>d office address in Florida,</u> ffice addr e ss:	enter the name of the		
	terBonitatibus			
	1300 N. Federal Hwy. Suite 202			
	(Florida street address)			
New Registered Office Address:	Data-	22422		
B0	caRaton (City)	33432 , Florida (Zip Code)		
	(City)	(Lip Code)		
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent.	stered Agent: am familiar with and accept	the obligations of the position.		
and a comment of the control of the	At NS	3. Th		
	Signature of New Regis	tered 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	<u>V</u> <u>Mik</u>	1 <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MorganRussell	1730S. FederaHwy. Suite335
X Add			DelrayBeach,FL 33483
Remove			
2) Change	SD	Janet Meeks	1730S. FederaHwy. Suite335
X Add			Delray Beach, Ft. 33483
Remove			
3) Change	TD	Brian Lynott	1730S. FederaHwy. Suite335
X Add			Delray Beach,FL 33483
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	*************************************		
Remove			

amending or adding additional sheets, if i	necessary). (Be	specific)				
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The date of each amendment(s) adoption:	, if other than th
iffective date if applicable:	
(no more than 90 days after amendment file date)	
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ocument's effective date on the Department of State's records.	ot be listed as the
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 8/20/16	,
Signature Impulual &	
(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)	······································
MorganRussell	
(Typed or printed name of person signing)	
President	
(Title of person signing)	•