N11000011229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status _______

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FILED
2018 APR 30 P 3 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2018
T. LEMIEUX

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2018 APR 30 PM 12: 01
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

April 12, 2018

ALIAKSANDR DUNCHYK
P.O. BOX 7815
N PORT, FL 34290

SUBJECT: RETURN TO LIFE, INC
Ref. Number: N11000011229

We have received your document for RETURN TO LIFE, INC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a non-profit corporation the document you sent in is for a profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 918A00007447

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Return to Life, Inc

DOCUMENT NUMBER: N11000011229

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aliaksandr Dunchyk
(Name of Contact Person)

Return to Life
(Firm/ Company)

Po Box 7815
(Address)

North Port, FL 34290
(City/ State and Zip Code)

rtlcenter@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ekaterina Bistrevsky at 941 451-4550
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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
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

Articles of Amendment
to
Articles of Incorporation
of

FILED

Return to Life, Inc

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

2018 APR 30 P 3 52

N11000011229

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

N/A

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." **"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable: N/A
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: N/A
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address:

______________________, Florida ______________
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

____
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)
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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add X Remove	AS	Dunchyk, Luda	4640 Libby Rd. North Port, FL 34287
2) X Change ____ Add ____ Remove	T	Hatsitski, Alesia	3925 Radcliff Ave. North Port, FL 34287
3) X Change ____ Add ____ Remove	V	Kuchuk, Ihar	25 Kennedy Dr. Ephrata, PA 17522
4) ____ Change X Add ____ Remove	O	Tyutyunnik, Vitaliy	2206 E. Village Ct. Venice, FL 34393
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 06/06/2017, if other than the date this document was signed.

Effective date if applicable: ______________________

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- [x] 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 4/24/2018

Signature Ekaterina Bistrevsky

(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)

Ekaterina Bistrevsky

(Typed or printed name of person signing)

Secretary

(Title of person signing)