## N12000003345

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

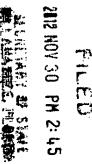
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NGV 3 0 2012 T. ROBERTS



November 14, 2012

**NEYVA STAFFORD** NEW VISION FOR LIFE INC 5650 W 26 CT APT 102 HIALEAH, FL 33016

SUBJECT: NEW VISION FOR LIFE, INC.

Ref. Number: N12000003345

We have received your document for NEW VISION FOR 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):

Nevva Stafford must sign document on page 4 in the space for signature.

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.

Tina Roberts Regulatory Specialist II

Letter Number: 212A00027436

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NEW Vision for life In
DOCUMENT NUMBER: 712,000003345
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mayua Stafford (Name of Contact Person)
Mew Vision for life, Inc.
(Firm/ Company)
5650W 26ct spt 102
HiAleAh F/ 33016
(City/ State and Zip Code)
mewuls 10 nfor life (a) hotmail. Com  E-mail address: (to be used for future amount report notification)
For further information concerning this matter, please call:
Mayua Stafford at (786) 760 4856 (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

## **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

Enclosed)

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· · · · · · · · · · · · · · · · · · ·	Article	s of Amendment		
•	4 4 1	to		
	Articles	of Incorporation		
Maria Mician	- Do	- 1:00	7	<b>5</b>
1/EW 1/5/0h	70	1//6	, J- 1	<del>/</del>
(Name of Corporation as currently filed w	ith the Flo	rida Dept. of State)	•	
<i>M</i> 120000	10 3	345		
(Document Number	of Corpora	ition (if known)		
rsuant to the provisions of section 617.1006, Florendment(s) to its Articles of Incorporation:			or Profit Corport	ation adopts the following
If amending name, enter the new name of the	e corporati	on:		
ne must be distinguishable and contain the wora		ion" or "incorporated	d" or the abbrev	The new jation "Congress" or Ac."
ompany" or "Co." may not be used in the name	<u>e</u> .			· · · · · · · · · · · · · · · · · · ·
Enter new principal office address, if applica	ble:			
incipal office address <u>MUST BE A STREET A</u>		1.5		1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	3160W HiAleAl	11 Av 1 - F [	e 33012
If amending the registered agent and/or registered agent and/or the new registered	stered office ed office ac	e address in Florida, ldress:	enter the name	of the
Name of New Registered Agent:	•			
	(	Florida street address)		
w Registered Office Address:				
w negisie <u>rea Office Address</u> :			, Florida _	
w Registered Office Address:	(City)		, Florida _ (Zip Cod	de)
w Registered Office Address:  W Registered Agent's Signature, if changing R	•	Agonto	, Florida _ (Zip Cod	de)

Page 1 of 4

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 X_Remove X_Add	PT         John           V         Mike           SV         Sally	<u>Jones</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	<u>D</u>	Braceras to	19201 18451 mia	<u>Sw</u> 1 33/87
2) Change Add	0_	Mchale W	illians 8414 =	3W 10
Remove 3) Change Add	D	Ricardo Va	rong <u>miami</u> HiAleA	- 1 33 17: W 1 AUC h 1 33012
Remove  4) Change  Add		Emily Del	Busto 3160 HiAleAt	w //Ave f/33012
Remove 5) Change Add				
Remove 6) Change Add				
Remove				

attach additional sheets, if necessar	y). (Be specif.	ic)			
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The date of each amendment(s) ad	loption:
Effective date if applicable:	·
enecuve date in appreasie.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were acceptable was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or members adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated Signature	128-12. Taldord
(By the chair have not be	rman of vire chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
ne	yug Stafford.
$-C_j$	(Typed or printed name of person signing)
<del></del>	(Title of person signing)