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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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Tallahassee, FL 32314

Free4Life Fou NAME OF CORPORATION:	ndation, Inc.	
N13000000658 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	natter to the following:	
Wenchell Aurelien		
	(Name of Contact Perso	on)
Free4Life Foundation, Inc.		
	(Firm/ Company)	
5454 Arlington Expressway		
	(Address)	· · · · · · · · · · · · · · · · · · ·
Jacksonville, Florida 32211		
	(City/ State and Zip Cod	de)
free4lifefoundation@tfcj.org		<b>√</b>
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Jennifer Major	90 at	04-504-755
(Name of Contact Pe	rson) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	e & S43.75 Filing Fee & tus 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	Amene Divisi	Address  Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## FILEU

## Articles of Amendment to Articles of Incorporation of

Free4Life Foundation, Inc.						
(Name of Corporation	as currently	filed with the	Florida Dept. o	of State)		
N13000000658						
(Docum	nent Number o	of Corporation	ı (if known)			
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, tl	his <i>Florida N</i>	ot For Profit Co	<i>rporation</i> adopts th	e follo	owing
A. If amending name, enter the new name of the	e corporation:					
						? new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		" or "incorpe	orated" or the ab	hreviation "Corp.	" or "I	nc."
B. Enter new principal office address, if applica	ıble:				÷ .	<u>-</u> 3
(Principal office address MUST BE A STREET A					. <del></del> :	190
					~~ 271 ~~ 표	_ <del></del>
						n.
C. Enter-un meilien adduser if applicable.					-4,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)				f.	$\bar{\Sigma}$
· ————			<del></del>		•	
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	_		<del>.</del>			
D. If amending the registered agent and/or regis			rida, enter the r	name of the		
new registered agent and/or the new register						
Name of New Registered Agent:	Jennifer Maj	or				
	4170 Castlel	bay Drive, Ja	acksonville, FI 3	32 <b>2</b> 57		
			(Florida street ac	ldressi		
<u>New Registered Office Address:</u>						
				Florida		
	(	City)		(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen			ccept the obligat	ions of the position		
_	gen	j~3	· Major			
	Signy	lytre of New I	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	<u>V</u> <u>Mi</u>	<u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Tracy Frank	3733 GURLEY
Add			JACKSONVILLE, FL 32277
X Remove			
2) Change			
Add			
Remove			<del> </del>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter chang	ge(s) here:		
(attach additional sheets, if necessary).	(Be specific)			
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The date of each amendmen	May 12, 2018	, if other than the
date this document was signed		If other than the
Effective date if applicable:	May 12, 2018	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were sufficient for a	vere adopted by the members and the number of votes east for the amendment(s) pproval.	
There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 10/	4/18	
Signature /	Veuchell Owel	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
W	enchell Aurelien	
_	(Typed or printed name of person signing)	
Pr	esident	
_	(Title of person signing)	