## 114000003132

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

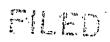
NAME OF CORPORATION	Recovery Epicenter, In	ıc.		
DOCUMENT NUMBER:	N14000003132			
The enclosed Articles of Am	endment and fee are submi	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Jessica Scott				
-	()	Name of Contact Pe	rson)	
Recovery Epicenter, Inc				
Paris		(Firm/ Company	)	
1601 Delaware Avenue NE				
		(Address)		
Saint Petersburg, FL 33703				
	((	City/ State and Zip (	Code)	
recoveryepicenter@gmail.c	om			
I.	-mail address: (to be used f	or future annual rep	ort notification	
For further information cond	erning this matter, please ca	all:		
Jessica Scott		at	727	642-1915
	(Name of Contact Person)	w.	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	ollowing amount made pay	able to the Florida I	Department of S	State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & C Certificate of Status		Certifi Certifi	O Filing Fee cate of Status ed Copy cional Copy is sed)

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



Recovery Epicenter, Inc		Min oct oo oo i aa	
(Name of Corporation as curren	tly filed with the Florida Dep	ot. of State)	
N14000003132		THE PROPERTY OF THE	
(Document Number	er of Corporation (if known)	THE CHINADOLLE FLUINGA	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:		Corporation adopts the following	
A. If amending name, enter the new name of the corporati	on:		
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	The new abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	559 49th St S		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	) Saint Petersburg Florida 33707		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	559 49th St S		
	Saint Petersburg Florida 33707		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		he name of the	
Name of New Registered Agent:			
	(Florida stre	ret address)	
New Registered Office Address:			
		, Florida	
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered		ingtions of the position	
I hereby accept the appointment as registered agent. I am fa	тинат жин ана ассері іне отп	gations of the position.	
	ignature of New Registered Ac	vent 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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEOED	William Robert Atkinson IV	514 S Betty Lane
X Add			Clearwater, FL 33756
Remove			
2) X Change	TSDCO	Jessica Leigh Scott	1601 Delaware Ave NE
Add			Saint Petersburg, FL 33703
Remove			
3) X Change		Cathy Burns	3930 59th Way North
Add			Saint Petersburg, FL 33709
Remove			
4) Change	D	Jason Crites	95144 144th Avenue
X Add			Unit 4
Remove			Madeira Beach, FL 33708
5) Change	D	David Zwicharowsk	4047 19th St N
X Add			Saint Petersburg, FL 33714
Remove			
6) NO Change	PCD	Ian Shelby	2700 52nd Avenue N
Add			Unit 104
Remove			Saint Petersburg, FL 33714

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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	October 7, 2016	
	nent(s) adoption:	, if other than the
date this document was sig		
Effective date if applicab	October 7, 2016	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	0/25/2016	
	vill a	<del></del>
ha	y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	William Robert Atkinson IV	
	(Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	