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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Renovate	Life, Inc
DOCUMENT NUMBER: N1500005	
The enclosed Articles of Amendment and fee are subn	
Please return all correspondence concerning this matte	r to the following:
Angela Davidson	
•	(Name of Contact Person)
Renovate Life, Inc	
,	(Firm/ Company)
P.O. Box 570505	
	(Address)
Orlando FL 32857	
·	(City/ State and Zip Code)
Tenovatelifetoday@yalx	for future annual report notification)
For further information concerning this matter, please of	cali:
Angela Davidson	at 407 914-33262
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
\$\mathbb{\matha\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mt	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Renovate Life, Inc.			
(Name of Corporation as cu	rrently filed with the Fl	orida Dept. of State)	
N15000005250			
(Document N	lumber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following	;
A. If amending name, enter the new name of the corp	oration:		
		The new	1
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporat	ed" or the abbreviation "Corp," or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
			
		78	
C. Enter new mailing address, if applicable:		in Topic Top	$\neg \Box$
(Mailing address MAY BE A POST OFFICE BOX)			
			1
			111
D. If amending the registered agent and/or registered		a, enter the name of the	
new registered agent and/or the new registered off	fice address:	*>	
Name of New Registered Agent:		··· · · · · · · · · · · · · · · · · ·	
			•
New Registered Office Address:	•	Florida street address)	
	(City)	Florida (Zip Code)	
N	·	(
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		ot the obligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	,	G	
	Signature of New Reg	istered 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>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>U</u> _	Trish Sitagati	2130 Florida Scapberry Bluc Urlando, FL 32828
2) Change			
Remove 3) Change			
Add Remove			
4) Change Add			
Remove 5) Change			
Add			
6) Change Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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The date of each amendment(s) adoption: 7-9-3018 date this document was signed.	, if other than the
Effective date if applicable: 7-20-3018	
(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 document's effective date on the Department of State's records.	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 $\frac{7-13-2018}{1-4-131}$	
Signature Miffe I	
(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)	
Angela Davidson	
(Typed or printed name of person signing)	
CEC/President	
(Title of person signing)	