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SEP 2 8 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

IMMEI NAME OF CORPORATION:	RSION COACHING MIS	SSION INC		
N15000008	237			
DOCUMENT NUMBER:			 .	
The enclosed Articles of Amendment an	d fee are submitted for fil	ing.		
Please return all correspondence concern	ing this matter to the follo	owing:		
LAMAR DULA				
	(Name of C	Contact Person)		-
	(Firm/	Company)		
5512 TURTLE CROSSING LOOP				
	(Ac	ldress)		
TAMPA FL 33625				
	(City/ State	and Zip Code)		
LD2020@AOL.COM				
E-mail addres	s: (to be used for future a	nnual report notific	ation)	
For further information concerning this n	natter, please call:			
LAMAR DULA		813 at	493-4640	
(Name of Co	ontact Person)	(Area Co	de) (Daytime Telephone	Number)
Enclosed is a check for the following am	ount made payable to the	Florida Departmen	t of State:	
	Filing Fee & \$\sum \\$43.75 F ate of Status Certified (Addition enclosed)	Copy C nal copy is C () (#	52.50 Filing Fee ertificate of Status ertified 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

IMMERSION COACHING MISSION INC

(Name of Corporation as	current	ly filed with the Florida Dept. of State)		_
	N1	5000008237	Shun	28
(Documer	nt Numbe	er of Corporation (if known)	7 A	- <u>-</u> -
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes	s, this <i>Florida Not For Profit Corporation</i> a	dopts the followin	اg ک
A. If amending name, enter the new name of the co	<u>orporati</u>	DN:	The new	ء 1.7 لار
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporati	ion" or "incorporated" or the abbreviation	"Corp." or "Inc.	"
B. Enter new principal office address, if applicable	e:	5512 TURTLE CROSSING LOOP		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)	TAMPA FL 33625		_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	5512 TURTLE CROSSING LOOP		_
,		TAMPA FL 33625		_
				_
D. If amending the registered agent and/or registe			<u>e</u>	
new registered agent and/or the new registered				
Name of New Registered Agent:	AMAR I	DULA		_
5	512 TUR	TLE CROSSING LOOP		
_		(Florida street address)		_
<u>New Registered Office Address</u> : T	`АМРА	, Florida	33625	
			Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			position.	
	Si	anature of New Registered Agent if changin	10	_

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>	un <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	LAMAR DULA	5512 TURTLE CROSSING LOOP
X Add			TAMPA FL 33625
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
-	

Γhe	e date of each amendment(s) adoption:	, it other than the
late	e this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	e listed as the
Ado	option 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 09/17/2015	
	Signature / Welfelwelgflusar	-
	(By the chairman by 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)	
	GISELA APARECIDA MARSARI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	