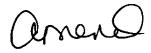
# N5000009423

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A RAMSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The Purpose of Life Corp DOCUMENT NUMBER: N1500009423 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: The Purpose of Life Corp.
(Firm/Company) P.D. Box 173264

(Address)

Hialeah FL 33017

(City/ State and Zip Code) Oderley + Qyahan com
Elmail address: (to be used for future annual report notification) For further information concerning this matter, please call: 11Ffany Adder/ec/ at 786 3301/6 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

See 1 Course See 1

15 DEC 16 PM 1: 55 N15000009423 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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	<u>V</u> <u>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	?	Terell Kerr	2120 Acupulco Dr Miramar FL 33023
2) Change			
Add			
Remove			
3) Change			<u>.                                    </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

	ding or adding additional additional sheets, if necession	ary). (Be specific)	<u>here</u> :	
Addi	ng President	to articles	President	Terell Kerr
2120	Acupulco Dr	to articles Miramar FC	<i>33</i> 0 <i>8</i> 3	
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The date of each amendment(s) ado late this document was signed.	otion:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing require rtment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado was/were sufficient for approval.	oted by the members and the number of votes cast for	or the amendment(s)
There are no members or membe adopted by the board of directors	rs entitled to vote on the amendment(s). The amend	Iment(s) was/were
Dated	-/5	
Signature wiff	July	
have not been	an or vice chair han of the board, president or other selected, by an incorporator – if in the hands of a repointed fiduciary by that fiduciary)	
TIFE	(Typed or printed name of person sign	ing)
Λο		
<u> (_E</u>	(Title of person signing)	