

N15000009810

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TO: Amendment Section
Division of Corporations

FILED
DIVISION OF CORPORATIONS
2017 JUN 14 AM 9:11

NAME OF CORPORATION: PROJECT BALANCE CORP.

DOCUMENT NUMBER: N15 000009810

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA LESLIE

(Name of Contact Person)

PROJECT BALANCE

(Firm/ Company)

155 CALLE EL JARDIN #104

(Address)

ST AUGUSTINE FL 32095

(City/ State and Zip Code)

projectbalance.life@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA LESLIE

(Name of Contact Person)

at 904-699-5651

(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 & Certificate of Status ☐ \$43.75 Filing Fee & 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
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

PROJECT BALANCE CORP.
(Name of Corporation as currently filed with the Florida Dept. of State)

N15000009810

(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:

The new 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)

155 CALLE EL JARDIN #104
ST AUGUSTINE FL 32095

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

155 CALLE EL JARDIN #104
ST AUGUSTINE FL 32095

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:

LAURA LESLIE
155 CALLE EL JARDIN #104

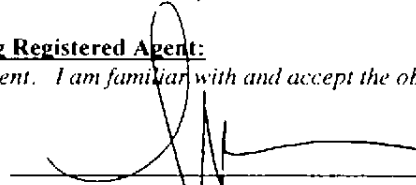
(Florida street address)

New Registered Office Address:

ST AUGUSTINE, Florida 32095
(City) (Zip Code)

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

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DIVISION OF CORPORATIONS
FLORIDA DEPT. OF STATE

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change FOUNDER LAURA L. PARLUMENT 155 CAWELZARDIN #104
 _____ Add NAME CHG. TO ST AUG, FL 32095
 _____ Remove LAURA LESLIE

2) _____ Change Co-founder AMANDA SCHWARZLEINER
 _____ Add _____
 _____ Remove _____

3) ☒ Change DIRECTOR CHERYL KOELLING 571 MARKET STREET
 _____ Add OE KOELLING ST. AUGUSTINE, FL 32095
 _____ Remove HEALTH + WELLNESS

4) ☒ Change PROGRAM HAYLEN STRICKER 24 CLIPPER CT
 _____ Add DIRECTOR ST AUGUSTINE, FL 32080
 _____ Remove _____

5) _____ Change _____
 _____ Add _____
 _____ Remove _____

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: MAY 20, 2017
(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 listed as the document's effective date on the Department of State's records.

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 5/20/2017

Signature [Signature]
(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)

LARA LESLIE
(Typed or printed name of person signing)

FOUNDER, EXECUTIVE DIRECTOR
(Title of person signing)