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COVER LETTER

TO: Amendment Section Division of Corporations	, a
NAME OF CORPORATION:	ion Life, Inc
DOCUMENT NUMBER: NICONO)4155
The enclosed Articles of Amendment and fee are submi	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Lauren Him	(Name of Contact Person)
Adoption Life, In	(Firm/ Company)
118 W Adams &	St. Suite 320
Jacksonville, FL	City/ State and Zip Code)
Jaurene Singry & C E-mail address; (p) be used to	gor future annual report notification)
For further information concerning this matter, please c	call:
Lauren Kingy (Name of Connect Person)	at $\frac{904 - 722 - 3333}{\text{(Area Code)}}$ (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

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 Amendment to	
•	
Articles of Incorporation	
of	*:
(Name of Corporation as currently filed with the Florida Dept. of State)	٠ ١ : ١
(Name of Corporation as currently fred with the Florida Dept. of State)	ົ
N(a.0000H155	10
(Document Number of Corporation (if known)	-7 5 C.
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following mendment(s) to its Articles of Incorporation:	, ,
A. If amending name, enter the new name of the corporation:	
ame 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.	
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	i
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
•	
1. 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:	
(Florida sucer address)	
New Registered Office Address:	
121	
(City) (Zip Code)	
(vig) (iiip coat)	
New Registered Agent's Signature, if changing Registered Agent:	
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	V Mik	n Doc re Jones y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	VP_	bastin Fields	118 W Adams St Suite 320 Villescoutle, FL 32202
2) Change Add	D	Phil Hingry	118 W Adams St Suite 320 Jacksonville, FL 32202
Remove 3) Change Add Remove	CAD TOP	Dan myers	Jule 320 Jacksmille, FL 32202
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	additional Articles if necessary). (B	ie specificy				
						
						
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The date of each amendment(s) add	option:	, it other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
have not been	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	
Pro	CSIOCO L (Title of person signing)	