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JUL 20 2016

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COVER LETTER

TO: Amendment Section Division of Corporations

UNITED LOVE CI	ENTER, INC		
N16000004336			
DOCUMENT NUMBER:	<u> </u>		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following	:	
WILLIE BELLE COTTON			
	(Name of Contac	t Person)	
UNITED LOVE CENTER, INC			
	(Firm/ Comp	any)	
1300 HISTORIC GOLDSBORO BLVD			
	(Address))	
SANFORD, FLORIDA 32771			
	(City/ State and Z	ip Code)	
WBELLEC@ME.COM			
E-mail address: (to be use	d for future annual	report notificatio	n)
For further information concerning this matter, please	e call:		
WILLIE BELLE COTTON		407 at	936-5792
(Name of Contact Person	n)		(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florid	la Department of	State:
\$35 Filing Fee \$\text{Certificate of Status}\$		Certif by is Certif (Addi	0 Filing Fee ficate of Status fied Copy fitional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Scot	ion
Division of Corporations		Division of Corn	

Amendment Section Division of Corporation 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

FILED SECRETARY OF STATE SIVISION OF CORPORATION:

2816 JUL 12 PM 3: 44

UNITED LOVE CENTER, INC			
(Name of Corporation as curren	atly filed with the Florida Dept. of State)		
N16000004336			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporat	ion:		
•	The ne		
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the abbreviation "Corp." or "Inc.		
B. Enter new principal office address, if applicable:	1300 HISTORIC GOLDSBORO BLVD		
(Principal office address MUST BE A STREET ADDRESS	SANFORD, FLORIDA 32771		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 470864		
	LAKE MONROE, FLORIDA 32747		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a			
SHANDI	RA BROWN		
Name of New Registered Agent:			
4631 GIL	4651 GILBERT STREET		
New Registered Office Address:	(Florida street address)		
SANFOR	RD, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa			

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>M</u>	ohn Doe fike Jones ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) X Change	P	WILLIE BELLE COTTON	2025 WILIAM CLARK AVE
Add			SANFORD, FL 32771
Remove			
2) Change	<u>T</u>	DANNELL FRYAR	130 GARDENRIDGE COURT
X Add			#108
Remove			WINTER SPRINGS, FL 32708
3) Change	<u>s</u>	PAULINDA LASTER	2025 WILLIAM CLARK AVE
Add			SANFORD, FL 32771
X Remove			
4) Change	D	SHANDRA BROWN	2025 WILLIAM CLARK AVE
Add			SANFORD, FL 32771
X Remove			
5)Change	S	ALICIA HARRIS	1224 GOLDEN GATE CIRCLE
XAdd			SANFORD, FL 32771
Remove			***************************************
6) Change	D	ALLEN CAMPBELL	PO BOX 953724
X Add			LAKE MARY, FL 32795
Remove			

f amending or adding additional Arti attach additional sheets; if necessary).	(Be specific)
	-
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ı	06/27/2016			
he date of each amendment(s)	adoption:			, if other than the
ate this document was signed.	•		octál (ARY	LU OF STATE
	/20/2016		HVISTON OF CO	IRFORATIOn
Effective date <u>if applicable</u> :				
	(no more than 90 days after an	rendment file date)	2016 JUL 12	PM 3: 44
lote: If the date inserted in this bocument's effective date on the I	clock does not meet the applicable statute. Department of State's records.	ory filing requireme	nts, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the numberal.	er of votes east for th	ne amendment(s)	
There are no members or me adopted by the board of directions.	mbers entitled to vote on the amendmentors.	t(s). The amendmen	nt(s) was/were	
07/07/20 Dated	16			
Signature <u>W</u>	ilie Belle Potto	el		
have not l	airman or vice chairman of the board, proceen selected, by an incorporator – if in a rt appointed fiduciary by that fiduciary)			
WILL	IE BELLE COTTON			
	(Typed or printed name	e of person signing)	 	
PRESI	DENT			
4	(Title of pe	rson signing)		