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July 14, 2017

CRISTINA M TOMAS 14270 SW 43 TERRACE MIAMI, FL 33175

SUBJECT: POSITIVE LIFE COACHING, INC.

Ref. Number: N16000010181

We have received your document for POSITIVE LIFE COACHING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 417A00014339

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Positive Life Coaching, INC.
DOCUMENT NUMBER: N/600010181
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Posilive Life Couching INC.
(Firm/ Company)
14270 521 113 Terrore
14270 SW 43 Terrace (Address)
M IF 33175
Miami, FC 33175. (City/ State and Zip Code)
· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 305 467 4193  (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
₩ 835 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy enclosed) (Additional Copy is
Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed)  Check Sent see
Mailing Address Street Address
Amendment Section Amendment Section  Division of Comparations
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, Fl. 32301

## Articles of Amendment to

Articles of Incorporation as currently filed with the Florida Dept. of State) (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: (Florida street address) New Registered Office Address: , Florida \_ (Zip Code) (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

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address of each Officer: (Attach additional sheets, Please note the officer/dii P = President; V = Vice F	and/or Director b if necessary) rector title by the f resident; T= Trea = Chief Financial (	cing added: irst letter of the office title; surer; S= Secretary; D= Dire Officer. If an officer/director	ector; TR= Truste	rector being removed and title, name, and  re; C = Chairman or Clerk; CEO = Chief  one title, list the first letter of each office
Changes should be noted a change. Mike Jones lea Mike Jones, V as Remove	ves the corporatio	n, Sally Smith is named the $\mathbb{V}_1$	s listed as the PS and S. These sho	T and Mike Jones is listed as the V. There is uld be noted as John Doe, PT as a Change,
Example:  X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	ones .		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add Remove	<u>VP</u>	Tomus Ramos	<del></del>	8300 NW 25 Street Sunrise, Fc 33322
2) Change	<u>D</u>	Collins Del Reco	<i>'o</i>	14220 SW 21 Street Davie, FL 33325
Remove 3 )	_5_	Arthur M. Donou		2600 Cole Ave. #213 Dalks, TX 75204
4) Change Add Remove			<u> </u>	
5) Change Add Remove				
6) Change			<u> </u>	

\_\_\_ Add

\_\_\_\_ Remove

If amending or adding additional Articles, enter change(s) (attach additional sheets, if necessary). (Be specific)		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: June 12, 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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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 July 25, 2017	
Signature Cisto Co	
(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)	
Cristina M. Tomas (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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