N16000010962

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COVER LETTER SALES
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Revive Cocoa Inc.
DOCUMENT NUMBER: N160000 10962
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerie Weaver (Name of Contact Person)
Revive Coros Inc.
(Firm/ Company)
1214 Dixon Blvd
(Address)
Cocoa, FL 32972
(City/ State and Zip Code)
Va) we aver of a ameil. (om 1:-mail address: (to be used for hiture annual report notification)
For further information concerning this matter, please call:
21-301-4149
Randy Mortensen at 321-301-4149 (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:
S35 Filing Fee Status S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Tallahassee, Fl. 32314 Tallahassee, Fl. 32301
This a correction to previous submission that was rejected
because wrong form had been used.

Articles of Amendment to

Articles of Incorporation

Revive Cocoa Inc

Name of Corporation as currently filed with the Florida Dept. of State)

N 16 0000 10962

(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 corpor:	ntion:	
	7771	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	ation" or "incorporated	U or the abbreviation "Corp," or "Inc,"
Congram; or Co. may not be ascum in manne	N/A	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>)	<u>S</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of	fice address in Florida,	enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:	N/A	
<u> </u>		
	(Fi	orida street address)
New Registered Office Address:		
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent—I am j	tamiliar with and accept	the obligations of the position
	N/A	
	Signature of New Regis-	tered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,	a nd
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>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add		.11 /	
Remove		WITT	
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary) (Be specific)
See Attached
See Attached "Purpose" clause

PURPOSE

Revive Cocoa Inc. is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The date of each amendment(s) adoption: May 5, 2017	ian the
Effective date if applicable: Immediate (no more than 90 days after amondment 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.	he
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 June 24, 2017	
Signature Valerie Weaver	
(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)	
Valerie Weaver	
(Typed or printed name of person signing)	
Dilector (Citle of person signing)	