## N11000002654

(Re	equestor's Name)	)	
(Ac	ddress)		
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(Ci	ty/State/Zip/Phor	ne #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Na	me)	
(Do	ocument Number	)	
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			

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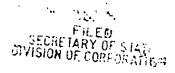


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SECRETARY OF STATE

JUN 2 6 2018



## COVER LETTER

2010 JUN 22 AM 11: 88

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Force of life Community Cor
DOCUMENT NUMBER:
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)
torre of life
(Firm/ Company)
1300 La Quinta Drive
$\frac{Onlando, FC 32809}{\text{(City/ State and Zip Code)}}$
Day davis OBIT & mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 407 50/-/900 (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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (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

	Arucies of incorporation		
$\Gamma$	o <b>f</b>		- 1. /
Force of Itie	COMMUNITY	CORPOR	ation
(Name of Corporation as	currently filed with the Flori	da Dept. of State)	
N17000	002654		
(Documer	nt Number of Corporation (if kn	own)	
rsuant to the provisions of section 617.1006, Floridatendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation ado	pts the following
If amending name, enter the new name of the co	rporation:		
L.E.A.D	tor Change		The new
me must be distinguishable and contain the word "c company" or "Co." may not be used in the name.	corporation" or "incorporated"	or the abbreviation "C	orp." or "Inc."
Enter new principal office address, if applicable	:		2016 JUN 22 MAII: 01
rincipal office address <u>MUST BE A STREET ADL</u>			
			<del>- 10</del>
	<del> </del>		
Enter new mailing address, if applicable:			五
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )		<u>_</u>
			-
		<del></del> .	<del></del>
If amending the registered agent and/or register	ed office address in Florida, e	nter the name of the	
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Flor	ida street address)	
New Negistered Office Address.			
<u> </u>		, Florida	
	(City)	(Zip Cod	e)
v Registered Agent's Signature, if changing Regi			
reby accept the appointment as registered agent. I	am familiar with and accept th	e obligations of the posi	tion.
	Signatura of Nov. Dominion	ad Annua if to	
	Signature of New Register	ea 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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	<u>S</u> _	Britary Corry	5060 Millenia Blied Apt 204 Oxlando, FT 32839
2) X Change Add	VD	Tomecka Davis	3487 Harleguin Dr St. Cloud FT 34772
Remove 3 ) Change Add	D(60 D	James Davis	3187 Harleywin Dr St Cloud, F1.34722
4) Remove 4) Add V 0	D	Ravin agton	1503 Santa Rosa Et Kissinmer, FL 5474/
Remove Change Add			
Remove  6) Change  Add  Remove			

E. If amending or ad (attach additional s	heets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file do	ne)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will 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 cast f was/were sufficient for approval.	or the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amend adopted by the board of directors.	lment(s) was/were
Dated 6-18.7018	
Signature	
(By the chairman or vice chairman of the board, president or other have not been selected by an incorporator — if in the hands of a reother court appointed fiduciary by that fiduciary)	
James D. Davis	
(Typed or printed name of person signi	ng)
D/P	·
(Title of person signing)	