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S. YOUNG

## **COVER LETTER**

ή,-TO: Amendment Section Division of Corporations ٨. Key Life Concepts Inc. NAME OF CORPORATION: \_ N17000 007 259 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carrie M. Houseman (Name of Contact Person) Key Life Concepts Inc. (Firm/ Company) 600 N Thacker Ave D 58 (Address) Kissimmee, FL 34741 (City/ State and Zip Code) Keylife411@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carrie M. Houseman 321 443-8411 (Name of Contact Person) (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 Certificate of Status (Additional copy is Certified Copy 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 of

key Life Concepts Inc		
(Name of Corporation as current	ly filed with the Florida Dep	ot. of State)
N17000 007 259		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>on:</u>	
		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		18 SEP
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		he name of the
Name of New Registered Agent: Steve Hot	useman	
New Registered Office Address:	(Florida stre	vet address)
	(City)	, Florida (Zip Code)
	·	(vol. , voc.)
New Registered Agent's Signature, if changing Registered is I hereby accept the appointment as registered agent. I am fam		gations of the position.
A Su	nannje of Age Registered Ag	tent, 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>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Steve Houseman	2785 Alice Blvd.
X Add			Kissimmee, FL
Remove			34746
2) Change			
Add			
Remove			
3)Change	<del></del> -		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change		<del></del>	
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(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 8/30/18	
Signature with an	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	