N17 00000 8163

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

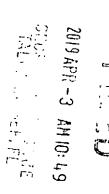
Office Use Only



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R. WHITE ARR 11 2010



COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Survivino Spouses, Inc NAME OF CORPORATION: 17000008163 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) (to be used for future annual report notification) For further information concerning this matter, please call: (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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

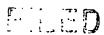
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clitton Building

Articles of Amendment

to
Articles of Incorporation



of		1003 (52.
Surviving Spouses, Inc.	2019 APP - 3	<u> </u>
(Name of Corporation as currently filed with the Florida Dept, of	State)	
N17000008163	12.1	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corp</i> imendment(s) to its Articles of Incorporation:	ooration adopts th	ne following
A. If amending name, enter the new name of the corporation:		
Treasure Coast Surviving Spouses, name must be distinguishable and contain the word "corporation" or "incorporated" or the abb	Inc. reviation "Corp.	The new '' or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•	
· · · · · · · · · · · · · · · · · · ·		
2. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		
		
). If amending the registered agent and/or registered office address in Florida, enter the na	uno of the	
new registered agent and/or the new registered office address:	mile of the	
Name of New Registered Agent:		
(Florida street add New Registered Office Addr <u>ess</u> ;	ress)	
Ctan	, Florida	
(City)	(Zip Code)	
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ms of the position	<i>ì</i> .
Signature of New Registered Agent, i	f 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	PT John F V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>P</u>	Dougherty, Darken	Apt B Port St lucie FL 3490
2) Change Add	<u>VP</u>	Denmon, Sandra R	Port St-Lucie FL 349
Remove 3) Change Add Remove	<u>P</u>	Vaughn, Deborah J	44/ NU SUNFLOWIE PL Jewsey Beach FL 3495
4) Change Add Remove	VP	FAZackerley, Carol	9410 Buntino Lave F1 Pierce FL 34951
5) Change Add Remove			
6) Change Add Remove			

. If amending or adding additional Articles, enter change(s) here:						
(attach additional sheets, if necessary).	(Be specific)					
<u> </u>						
	Maria 1971					

The date of each amendment(s) add date this document was signed. Effective date if applicable:	option: 10019 (no more than 90 days after	amendment file date)	, if other than the
Note: If the date inserted in this bloc document's effective date on the Dep		tutory filing requirements, this date	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the num	nber of votes east for the amendme	nt(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendm	ent(s). The amendment(s) was/we	re
Dated	pric 1, 2019	-	
have not bee	nan or vice chairman of the board. n selected, by an incorporator – if	in the hands of a receiver, trustee.	
	ppointed fiduciary by that fiduciary		<u> </u>
1	(Typed or printed no	ime of person signing)	

(Title of person signing)