N170000 11619

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COVER LETTER

COVER LETTER	2 Table 1
TO: Amendment Section Division of Corporations	JAN 3 PERSONAL STREET
SoRe Labs Inc NAME OF CORPORATION:	PO JAN 13 AN O. 44
DOCUMENT NUMBER:	·····
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dominque Cesar	
(Name of Contact Pers	on)
SoRe Labs Inc	
(Firm/ Company)	
2603 Creekside Drive	
(Address)	
Fort Pierce, Fl 34981	
(City/ State and Zip Co	ode)
sorelabs@iamsore.org	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please call:	
Dominique Cesar 7	72 807-0913
	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida De	epartment of State;
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status	■S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

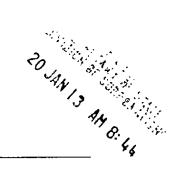
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



SoRe Labs Inc (Name of Corporation as currently filed with the Florida Dept. of State) N17000011619 (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: not applicable 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. not applicable B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: not 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: not applicable Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) 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

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 E V Mike J SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>s</u>	John Cesar	2603 CREEKSIDE DR FORT PIERCE, FL 34981
× Remove			
2) × Change Add	<u>S</u>	Nady Jean	303 S 21ST STREET FORT PIERCE, FL 34950
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. If amending or additional sheet		Page 2 of 4 ticles, enter change(s) here: (Be specific)	
not applicable			
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	Pa	age 3 of 4		
	9/24/2019			
The date of each amendment(s) adoption: date this document was signed.	// Au 7/ Au V L /			, if other than the
Effective date if applicable:		after amendment file a		· ·
(ne	o more than 90 days	after amendment file d	late)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applical of State's records.	ole statutory filing requ	airements, this date will no	ot be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated
Signature Signature
(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)
Dominique Cesar
(Typed or printed name of person signing)

(Title of person signing)