N18000005499

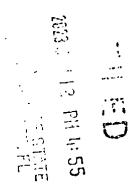
(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

4lifekillz, Internati NAME OF CORPORATION:			·····	
N18000005499 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	itter to the following:			
Marie Labranche				
	(Name of Contact	Person)	.	
	4LI fé	SKIIIZ	, Int:	/ 🛪
	(Firm/ Compar	ıy)		
2944 Hidden Hills Road #1602				
	(Address)			
West Palm Beach, FL 33411				PA E
	(City/ State and Zip	Code)		ाता ज
4lifeskillz@gmail.com				
E-mail address: (to be us	sed for future annual r	eport notificatio	n)	
For further information concerning this matter, plea	se call:			
Marie Labranche	;	561 it	932 3027	
(Name of Contact Perso		(Area Code)	(Daytime Te	lephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	_	Certit is Certit	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā E	treet Address amendment Sect division of Corpo The Centre of T	orations	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

4Lifeskillz, International		
(Name of Corporation as currently filed with the	Florida Dept. of State)	-77-
N18000005499		
(Docum	nent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
4lifeskills, Inc.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applical	hle: 860 U.S. Highway 1, S	uite 106A
(Principal office address MUST BE A STREET A		33408
		ها المورد بينيا ا
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX) 2944 Hidden Hills Roa	id #1602
	West Palm Beach, FL 3	3411 \(\frac{10}{-10} \) \(\frac{1}{0}\)
		, <u>m</u> o
D. If amending the registered agent and/or registered agent and/or the new registered		nter the name of the
<u>Name of New Registered Agent</u> :	970 Hg Hink 1	
	860 US Highway 1	ida street address)
New Registered Office Address:	,2.10	·····
	North Palm Beach	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing B I hereby accept the appointment as registered agent		ne obligations of the position.
_	//Kru	L Common and the second
	Signature of New Register	ed 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	V Mik	n <u>Doe</u> e Jones y Smith	Address Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address P. 55
1) Change Add	<u>coo</u>	Lance Waterman	2944 Hidden Hills Rd #1602 West Palm Beach, 33411
× Remove			
2) Change Add	<u>CFO</u>	Joan Hermitt	2944 Hidden Hills Rd #1602 West Palm Beach, 33411
* Remove 3) Change Add * Remove	Director	Nancy Trevino	West Palm Beach, 33411
4) Change Add	Secretar	Myles Grant	2944 Hidden Hills Rd #1602 West Palm Beach, 33411
<u>*</u> Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional s	lding additional z heets, if necessary	Articles, enter change(s) here: (be specific)	
			-

		
		
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		mod = C
		55 S
		<u> </u>
The date of each amendment(s) adopted date this document was signed	on:	, if other than t
Effective date if applicable:		
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filin nent of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	ed by the members and the number of vot	res cast for the amendment(s)

Dated
(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)
Marie Labranche
(Typed or printed name of person signing)
Owner, CEO
(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

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