

N18000005499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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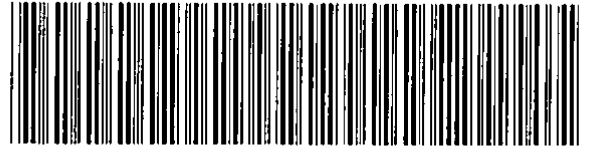
(Business Entity Name)

(Document Number)

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R. HUNT
06/12/23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 4lifekillz, International

DOCUMENT NUMBER: N18000005499

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Labranche

(Name of Contact Person)

4LIFE SKILLZ, INT'L
(Firm/ Company)

2944 Hidden Hills Road #1602

(Address)

West Palm Beach, FL 33411

(City/ State and Zip Code)

4lifekillz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Labranche at 561 932 3027
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 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

4Lifeskillz, International

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000005499

(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:

4lifeskills, Inc.

The new

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.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

860 U.S. Highway 1, Suite 106A

North Palm Beach, FL 33408

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2944 Hidden Hills Road #1602

West Palm Beach, FL 33411

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:

Name of New Registered Agent:

Marie Labranche

860 US Highway 1

(Florida street address)

New Registered Office Address:

North Palm Beach


(City)

Florida 33408

(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

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DEPT. OF STATE
ALBANY, N.Y.

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 date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast 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 06-05-2023

Signature Marie Labranche

(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)

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TALLAHASSEE, FL