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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Chasse Your Dreans.	lnc		
	N18000009494			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
Lisette Amaro				•
		(Name of Contact Per	son)	
Chasse Yours Dreams, Inc o	o Lisette Amaro			
		(Firm/ Company)	· · · · ·	
7404 W Henry Ave				
		(Address)		
Tampa, FL 33615				
- 		(City/ State and Zip C	ode)	.
chasseurdrams@gmail.com				
E	-mail address: (to be used	for future annual repo	rt notification	i)
For further information conc	erning this matter, please of	call:		
Vickie Quevedo		at	813	2402464
	(Name of Contact Person)	•	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida D	epartment of	State:
☐ \$35 Filing Fæ	₩\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is seed)
Mailing A	ddress	Stre	et Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Chasse Your Dreams, Inc			
(Name of Corporation a	s current	iv filed with the Florida Dept. of	State)
N18000009494			
(Docume	nt Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes	s, this <i>Florida Not For Profit Corp</i>	poration adopts the following
A. If amending name, enter the new name of the c	corporatio	on:	
			The nev
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporati	ion" or "incorporated" or the abb	
B. Enter new principal office address, if applicabl	<u>le:</u>	7404 W Henry Ave	ာ ည်း ယ
(Principal office address MUST BE A STREET AD		Tampa, FL 33615	7/1 5/7 7/2 7/2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7404 W Henry Ave	ATC 2個DA
<u> </u>		Tampa, FL 33615	
D. If amending the registered agent and/or registe	ered offic	e address in Florida, enter the na	ame of the
new registered agent and/or the new registered	d office ac	ddress:	
Name of New Registered Agent:	Lisette An	naro	
7	7404 W H	enry Ave	
New Registered Office Address:		(Florida street ada	tress)
	[ampa		33615
_	<u> </u>	(Ciry)	, Florida (Zip Code)
Nam Danistanad Amenta Cimatura If shareland	wista-a-	Agonte	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.			ons of the position.
	1	It / Amount	\rightarrow
	Si	gnature 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= Trustec; 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.

X Change X Remove X Add	V Mik	n <u>Doe</u> ie Jones y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V	Stephanie Ouinones	722 Providence Trace Circle
Add			#1(12
X Remove			Brandon, FL 33511
2) X Change	v	Virginia Quevedo	13425 iola Dr
Add			Tampa, FL 3362o
Remove			
3) Change	V	Sylvia Boykin	5388 Black Pine Dr
X Add			Tampa, FL 33624
Remove			
4) X Change	P	Misty Hubbard	5388 Black Pine Dr Tampa, FL 33624 6420 Cresthill Dr Tampa, FL 33615
Add			Tampa, FL 33615
Remove			
5) Change	S	Laura Nies	11723 Derbyshire Dr
X Add			Татра, FL 33626
Remove			
o) X Change	VP/TR	Lisette Amaro	74(14 W Henry Ave
Add			Tampa, FL 33615
Remove			

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E. If amending or adding additional Articles, enter change(s) here:

The date of each amendm	· · · · · · · · · · · · · · · · · · ·	, if other than the
late this document was sign	ied.	
Effective date <u>if applicable</u>		
	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this date will not n the Department of State's records.	be listed as the
Adoption of Amendment(s	s) (<u>CHECK ONE</u>)	
The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Sat Dated	urday, September 7, 2019	
Signature	Wolfe)	
(By	the chairman or vice chairman of the board, president or other officer-if directors	
	e not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
oth	er court appointed fiduciary by that fiduciary)	
	MISTY Hubbard (Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	9
	President	
	(Title of person signing)	
		9:43 9:43
		<u> </u>