

719000010954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

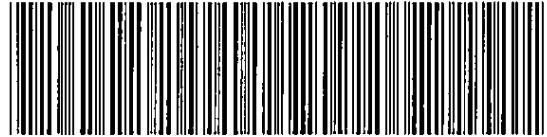
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T. SCOTT



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COVER LETTER

FD-1 Amendment Section
Division of Corporations

NAME OF CORPORATION: THIS IS Life Corporation, Inc

DOCUMENT NUMBER: _____

On enclosed *Articles of Amendment* and fee are submitted for filing

Also, for all correspondence concerning this matter to the following:

Aurice Zerk
(Name of Contact Person)

(Firm Company)

201 S. Pine Ave
(Address)

Mobile AL 36680
(City, State and Zip Code)

Zerk@aol.com
E-mail address (to be used for future annual report notification)

For all information concerning this matter, please call:

Aurice Zerk at 904-688-0123
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Please check for the following amount made payable to the Florida Department of State

☐ \$5 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2015 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

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

The 13 Life Lifestyles

(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:

The 13 Life Lifestyles, Inc.

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Limited," 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. When changing 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

Amber Zuckert

3101 1st St. NE

(Florida street address)

New Registered Office Address:

Decatur

(City)

Florida

33330

(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.

Amber Zuckert

Signature of New Registered Agent, if changing

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