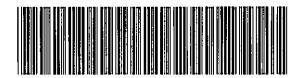
N200000074Z0

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

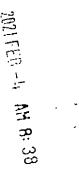
Office Use Only



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8 TO THE



COVER LETTER

31

TO: Amendment Section
Division of Corporations

PURE PROPERTIES RESOURCE CE	NTER INC.
N20000007420 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	:
NOKWARE DEHYE	
(Name of Contact	Person)
(Firm/ Comp	any)
1680 SW BAYSHORE BLVD, SUITE 100	
(Address)
PORT SAINT LUCIE, FL 34984	
(City/ State and Z	ip Code)
nokwaredehye@outlook.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
NOKWARE DEHYE	772 333-5339 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	da Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing F Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status
	Street Address Amendment Section

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

PURE PROPERTIES RESOURCE CENTER INC				
Name of Corporation as currently filed with the	e Florida	Dept. of State)	-	
N20000007420				
(Docun	nent Numl	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statu	tes, this Florida Not For Profit Corpor	ration adopts th	e following
A. If amending name, enter the new name of the	e corpora	tion:		
THE PURE RESOURCE CENTER INC				The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		ation" or "incorporated" or the abbre	viation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:		1680 SW BAYSHORE BLVD		
(Principal office address <u>MUST BE A STREET A</u>		SUITE 100		
		PORT SAINT LUCIE. FL 34984	· · · · · · · · · · · · · · · · · · ·	2021 FEB
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	1680 SW BAYSHORE BLVD		FEB -1
		SUITE 100		_ 25
		PORT SAINT LUCIE, FL 34984		-
D. If amending the registered agent and/or registered agent and/or the new register			e of the	8
Name of New Registered Agent:		ES TO THE MAX, INC.		
Same of Few Medical Conference of the Medica	980 N. F	EDERAL HIGHWAY, SUITE 110		
New Registered Office Address:		(Florida street addres		
	BOCA R	AATON	Florida 33432	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing Fall I hereby accept the appointment as registered agen	Registered t. I am fa	d Agent: amiliar 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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>P</u>	NOKWARE DEHYE	1680 SW BAYSHORE BLVD SUITE 100
Remove			PORT SAINT LUCIE, FL 34984
2) × Change Add	<u>VP</u>	GLENDA DEHYE	1680 SW BAYSHORE BLVD SUITE 100
Remove 3) × Change Add Remove	<u>s</u>	CHRISTOPHER BLACKMON	PORT SAINT LUCIE, FL 34984 1680 SW BAYSHORE BLVD SUITE 100 PORT SAINT LUCIE, FL 34984
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			

		
		
*		
		····
	1/26/2021	
The date of each amendment date this document was signed	(s) adoption:	_, if other than the
Effective date if applicable:	1/26/2021	
Enective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) oppoval.	

Dated	JANUARY 26, 2021
Dated	NI dal
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)
	NOKWARE DEHYE
	(Typed or printed name of person signing)