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(Requestor's Name)	_
(Address)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT II MAIL	
(Business Entity Name)	
(Document Number)	_
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EP 10 2017

COVER LETTER

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TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	ver of Life International
DOCUMENT NUMBER: N 936	ver et Life International 0000 2289 Outreach Center
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning th	(Name of Contact Person)
	(Name of Contact Person)
((01 /3	(Firm/ Company) C(Cher E) S #63
LAMO	(Address)
Joe Pe	(City/ State and Zip Code) (nAn (An (m C > M)) (Com be used for future annual report notification)
For further information concerning this matter,	please call: $\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ $
(Name of Contact Enclosed is a check for the following amount π	Person) (Area Code) (Daytime Telephone Number)
\$35 Filing Fee \$\sum_\$43.75 Filing	Fee & D\$43.75 Filing Fee & D\$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of incorporation 17 SEP 18 AM 9: 27
Ruce of ale International contraction
(Name of Corporation as currently filed with the Florida Dept. of State)
1/93 00000 2249
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 flame.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Frincipal Office address MOSI BE A STREET ADDRESS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
(Florida street address)
New Registered Office Address:
Florida
(City) , Florida (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.
nevery accept the appointment as registered agent. I am juntatur with and accept the obligations of the position.
Signature of New Registered Agent, if changing

address of each Officer: (Attach additional sheets, Please note the officer/dii P = President; V = Vice F	and/or Director being if necessary) rector title by the firs President: T= Treasu Chief Financial Off	ig added: 	r/director being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief nan one title, list the first letter of each office
	ves the corporation,	Sally Smith is named the V and S. These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John Doe V Mike Jone SV Sally Smit		
Type of Action (Check One)	Title A	lame	Address
1) Change	<u>VP</u>	Ed Vost	St Peterbing A
Remove	D	Jeft 6 his to	589 799 St.
2) Add		W/+1 ONR 110	St Petershory My
Remove 3) Change			<u>53/0/</u>
Add Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			

Page 2 of 4

____ Add

____ Remove

E. <u>If amending or adding additional Article</u>	
(attach additional sheets, if necessary). (L	s, enter change(s) nere. Be specific)
	/
•	
/	
	<u> </u>
	11

	•
The date of each amendment(s) adoption:	if other than the
Effective date <u>if applicable</u> :	
(no	more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	the meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
☐ There are no members or members entitle adopted by the board of directors.	cd to vote on the amendment(s). The amendment(s) was/were
Dated	
Signature Signature	And the
	ce chairman of the board, president or other officer-if directors
	d by an incorporator – if in the hands of a receiver, trustee, or
other court appointed	fiduciary by that fiduciary)
	RANGE GUNNIN
	(Typed or printed name of person signing)
	I fec.
	(Title of person signing)