P000058015

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AUG 29 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

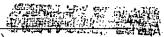
NAME OF CORPOR	CAREFRE SER. P000000580		ES INC			
	of Amendment and fee are sub					
Please return all corres	spondence concerning this mat	ter to the following:				
	YOGEV KARN	Υ				
	Name of Contact Person CAREFREE LIFESTYLES INC					
	4004 ETH OT	Firm/ Company				
	1031 5TH ST	Address	-			
	MIAMI BEACH					
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
YC	GI@CAREFRE	EELIFESTYLE	E.COM			
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	e call:				
YOGEV KARNY at (305) 5343531			,5343531			
Name	of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:			
□ \$35 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)			
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				

Articles of Amendment to Articles of Incorporation

FILE®

10 AUG 26 AM 10: 32

CAREFREE LIFESTYLES INC



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

P0000058015	······································
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
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. If amending the registered agent and/or registered office addre	res in Florida, antar the name of the
new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th 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	<u>PT</u>	John Doe					
X Remove	$\underline{\mathbf{V}}$	Mike Jones					
<u>X</u> Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s				
1) Change	S	GARY MAROTTA	1031 5TH ST				
X_{Add}			MIAMI BEACH				
Remove			FL 33139				
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add	<u> </u>						
Remove							
6) Change							
Add							
Remove							

Attach <i>additi</i>	or adding addition onal sheets, if neces	isary). (B	le specific)					
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<u>l an amendi</u> provisions (ment provides for a for implementing th	<u>in exchang</u> be amendu	e, reclassific	cation, or ca	ncellation o	f issued sha	ires.	
(if not a	pplicable, indicate i	N/A)	ichi il noi ci	ntained in i	ne amenun	icin <u>itscii.</u>		
		•						
		-						
								_

The date of each amendment(s) adoption:	_, if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/19/2013	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
ANTHONY MAROTTA	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_