## P01000003703

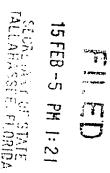
(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)		
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(Rm 2-10-15

,	COVER LETTER		₽0 ·		
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: ENDLESS SUMMER NP, INC.					
DOCUMENT NUMBER: P01000003703					
The enclosed Articles of Amendment and fee are suit					
Please return all correspondence concerning this mat	tter to the following:				
HEATHER DOUG	GLAS				
	Name of Contact Persor	1			
TAX ADVANTAG	E, INC.				
	Firm/ Company				
1201 NORTH TH	IRD STREET				
4	• Address		<del></del>		
JACKSONVILLE	BEACH, FL 322	250	à		
	City/ State and Zip Code	2			
ENDLESSSUMMER	45@YAHOO.CC	DM			
	ed for future annual report				
For further information concerning this matter, please call:					
HEATHER DOUGLAS	at (904	, 241-0050			
Name of Contact Person		de & Daytime Telephone Nu	mber		
Enclosed is a check for the following amount made p	payable to the Florida Depa	ertment of State:			
■ \$35 Filing Fee	□\$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** Articles of Incorporation

## ENDLESS SUMMER NP, INC.

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

P01000003703

(Document Number of Corporation (if known)

AX SOBER LIVING, INC.		
ne must be distinguishable and contain the vorp.," "Inc.," or Co.," or the designation "Cord" "chartered," "professional association," or the control of the	'orp," "Inc," or "Co". A profession	"incorporated" or the ab al corporation name must c
Enter new principal office address, if applica incipal office address <u>MUST BE A STREET A</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	<del>-</del>
If amending the registered agent and/or regi	istered office address in Florida, ent	er the name of the
If amending the registered agent and/or reginew registered agent and/or the new register		er the name of the
		er the name of the
new registered agent and/or the new register		er the name of the
new registered agent and/or the new register	red office address:  (Florida street address)	
Name of New Registered Agent	red office address:  (Florida street address)	
new registered agent and/or the new register  Name of New Registered Agent	(Florida street address)	

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	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) Change	P	JAMES T KERR	3948 S THIRD STREET	
Add			UNIT 166	
Remove			JAX BEACH, FL 32250	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
6) Change			<del></del>	
Remove				

(Attach addi	g or adding additional Attional Sheets, if necessar	y). (Be specific)	)		
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provisions	dment provides for an e for implementing the a applicable, indicate N/A	mendment if not	ification, or canc contained in the	ellation of issued s amendment itself:	hares,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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)	
(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 2-2-25	
Signature The Si	_
(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)	
JAMES T KERR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>