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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NO OTHER PLAC	CE LIKE HOME INC					
	BER: P032000081625						
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corre	spondence concerning this ma	tter to the following:					
	VERONMICA WALLACE						
	Name of Contact Person						
	NO OTHER PLACE LIKE HOME INC						
	Firm/ Company						
	4699 NORTH STATE ROAI	O7. SUIT K					
		Address					
	TAMARAC, FLORIDA 33	319					
	City/ State and Zip Code						
	VWALLACE@NOPLIF.COM						
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	n concerning this matter, pleas	se call:					
VERONICA WALLACE		at (954	9330514				
Name of Contact Person			de & Daytime Telephone Number				
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	ortment 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 Tallahassec, FL 32314		Street Address 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

NO OTHER PLACE LIKE HOME INC (Name of Corporation as currently filed with the Florida Dept. of State) P03000081625 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must confuin the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent (Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 of 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.

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
1) Change	S	JOAN WHITELY	6678 CONCH COURT
Add			BOYNTON BCH FLORIDA
X Remove			
2) Change	VP	ALVIN MITCHENER	6678 CONCH COURT
Ađd			BOYNTON BCH FLORIDA
X Remove 3) Change	Т	LEROY WALLACE	1972 FLOWER LANE
Add	<u> </u>		PORT ST LUCIE FLORIDA
X Remove			
4) Change	S	ALTHEA MANYOU	6800 N W 75 DRIVE
X Add			TAMARAC, FLORIDA
Remove			
5) Change	CFO	ALTHEA MANYOU	6800 N W 75 DRIVE
X Add			TAMARAC FLORIDA
Remove			
6) Change	VP	TIMOUI MANYOU	6800 N W 75 DRIVE
X_Add			TAMARAC, FLORIDA
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
N/A	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ļ
N/A	Ŋ.
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03/06/2020	10 d d d
The date of each amendment(s) adoption:date this document was signed.	, if other than the
03/06/2020 Effective date <u>if applicable</u> :	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of daction was not required.	lirectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by SHAREHOLDER	,"
(voting group)	
03/06/2020 Dated	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
VERONICA WALLACE	
(Typed or printed name of p	erson signing)
PRESIDENT	
(Title of person signing)	

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