## P05000146516

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: NULIF	E SERVICES	INC			
NAME OF CORPORATION DOCUMENT NUMBER:	<u>P050</u>	00146516	·			
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspond	Please return all correspondence concerning this matter to the following:					
	BINDY	ADAI Name of Contact Person  E SERVICE  Firm/ Company	Blud 202			
		Oakland Park  Address  Park, FL  City/ State and Zip Cod				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:						
BINDU	ADAI	at ( 954				
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	following amount made p	payable to the Florida Depa	artment 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)			
Division e P.O. Box	ent Section of Corporations	Ателd Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

13 OCT 24 AND S3

## Articles of Amendment to Articles of Incorporation of

## NULIFE SERVICES, INC (Name of Corporation as currently filed with the Florida Dept. of State) PO5000146516 (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: 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 contain the word "chartered," "professional association," or the abbreviation "P.A." 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 address in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent 1620 W. Oakland Park Blud #202 (Florida street address)

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

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:	•	John Doo	
X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		BINDU ADAL	1620 W Oakland Pk Blud 202 Ockland Pk, FL 33311
X Add			Ockland Pk, FL 33311
Remove			
2) Change		AVA MARIANNA	Oakland Pk, FL 33311
<b>X_</b> _ Add			Oakland Pk, FL 33311
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adopt date this document was signed.	ion: 10/22/2013	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	(no more than 90 days after amenament fite date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	i by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 10/2	22/2013 Why Math	
Signature	ulles Math	
(By a direct	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
	SHELBY MATHEW (Typed or printed name of person signing)	
<del></del>		
	President (Title of person signing)	
<del></del>	(Title of person signing)	