# P0600000 4037

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SECRETARY OF STATE
SIVISION OF CORPORATIONS

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DEC - 7 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR		RODUCTIONS, INC.		
DOCUMENT NUMB	P06000004037			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Barb McBride			
•		Name of Contact Persor	1	
	South Beach Tax & Financia	l Services		
-		Firm/ Company		
	1692 Penman Road			
-		Address		
	Jacksonville Beach, FL 3225	0		
•		City/ State and Zip Code	2	
	E-mail address: (to be ur	sed for future annual report	notification)	
	2	To to total annual report		
For further information	concerning this matter, pleas	se call:		
Barb McBride		904 at (	241-2533	
Name o	f Contact Person	Area Code & Daytime Telephone Nur		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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

SECRETARIZE CORPORATION
SECRETARIZE CORPORATION
17 DEC -4 PM 4: 51

### Articles of Amendment to Articles of Incorporation of

			(A)
	of Corporation as currently	filed with the Florida Dept. of State)	050-4
06000004037			
	(Document Number of C	Corporation (if known)	<del></del>
ursuant to the provisions of section 607.  Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	amendi
. If amending name, enter the new na	ame of the corporation:		
nd-of-Life Doula Care, Inc.			The ne
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the ab o". A professional corporation name must c .A."	breviati
. ,		N/A	
Enter new principal office address, Principal office address MUST BE A ST		<del></del>	
	<del></del>		_
. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
(maning datess MAT DE AT OST	<u>OTTTCL BOX</u> )		
. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
new registered agent and/or the new		ss in Florida, enter the name of the	
	w registered office address:	ss in Florida, enter the name of the	
new registered agent and/or the new	w registered office address:  N/A		_
new registered agent and/or the new	w registered office address:  N/A  (Florida street		
new registered agent and/or the new	w registered office address:  N/A  (Florida street		

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 $\underline{\mathsf{V}}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) X 1) \_\_\_\_ Change STOWELL-MASSARI, SUSANNA P.O. BOX 23824 JACKSONVILLE, FL 32241 \_\_\_\_ Add \_\_ Remove VP. MASSARI, THOMAS P P.O BOX 23824 Change JACKSONVILLE, FL 32241 Add \_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_\_\_ Add Remove 6) \_\_\_\_ Change Add \_\_ Remove

	If 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)	If amending or adding additional Art (Attach additional sheets, if necessary).	(Re specific)
If 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)	If 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)		(De specific)
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NOVEMBER 1, 2017 \_\_\_\_\_, if other than the The date of each amendment(s) adoption: date this document was signed. **NOVEMBER 1, 2017** Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 ☐ 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. (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) SUSANNA G. STOWELL-MASSARI (Typed or printed name of person signing) PRESIDENT (Title of person signing)

# Articles of Amendment to of

Articles of Incorporation InnerWorld Productions, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P06000004037 (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: End-of-Life Doula Care, Inc. 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: 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: Name of New Registered Agent (Florida street address) N/A New Registered Office Address: (City) 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.

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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>	Address
X 1) Change	P	STOWELL-MASSARI, SUSANNA	P.O. BOX 23824
Add			JACKSONVILLE, FL 32241
Remove			
X 2) Change	VP	MASSARI, THOMAS P	P.O BOX 23824
Add			JACKSONVILLE, FL 32241
Remove			
3 ) Change			
Add			
Remove			
4) Change			
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Remove			
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E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter chang	re(s) here:			
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	NOVEMBER 1, 2017	
The date of each amendments date this document was signed.	s) adoption:	, if other than the
_	NOVEMBER 1, 2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
sel	Whenther 2017  Lisane 9 Howelf-harson  a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	SUSANNA G. STOWELL-MASSARI	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	