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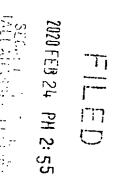
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fresh Approach Pu	blications INC			
DOCUMENT NUM	P07000058829				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Elizabeth Reuth				
		Name of Contact Person	1		
	Fresh Approach Publications INC				
	Firm/ Company				
	PO Box 15249				
	Address				
	Sarasota, FL 34277				
		City/ State and Zip Code)		
	barbusinessowner@gmail.com	n			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Elizabeth Reuth		941 ut (404-6848		
Name	of Contact Person	Area Coa	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

Fresh Approach Publications INC			
(Name	of Corporation as curre	ntly filed with the Flor	rida Dept. of State)
P07000058829			
	(Document Numbe	er of Corporation (if kno	wn)
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, tl	nis <i>Florida Profit Corpo</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association."	${\it Corp}_i$ "Inc," or " ${\it Co}$ ".	A projessional corpo	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
	,		
			20
C. Entar non-malling address (Canal	lianblar		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	2 [
			P
			2:
D. If amending the registered agent at	nd/or registered office a	ddress in Florida, ente	r the name of the
new registered agent and/or the ne	w registered office addr	<u>'ess:</u>	
Name of New Registered Agent	Elizabeth Reuth		
	962 Molly Cir		
	(Floride	i street address)	
New Registered Office Address:	Sarasota		, Florida 34232
New Registerea Office Mauress.		(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	changing Registered Ag tered agent. I am famili	ent: ar with and accept the o	obligations of the position.
(Signature of New	w Registered Agent, if ch	hanging
Check if applicable			

 \square 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 or Clerk; CEO = ChiefExecutive 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>SV</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		- <u>-</u> -	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	···			
Add				
Remove				
6) Change				
Add		_		
Remove				

.11.	ets, if necessary).	cles, enter change((Be specific)			
N/A					
	<u> </u>				
					
<u>.</u>					
					
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<u></u>		-			
			~ · · · · · · · · · · · · · · · · · · ·	***************************************	
-					
					
 If an amendment pro- provisions for implet 					
(if not applicable.	, indicate N/A)	idites in not com-		<u></u>	
N/A					
11/3					
7/1					
N/A			-		
N/X					
N/A					

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)
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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
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)
Elizabeth Reuth (Typed or printed name of person signing)
President (Title of person signing)