

P08000073680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

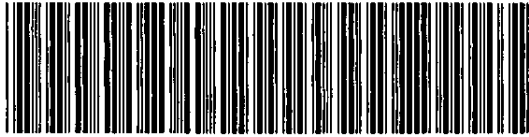
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700236488877

06/18/12--01036--011 **43.75

FILED
2012 JUN 18 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SLC
SL 6-19-12



Earl D. Farr (1900-1988)
Earl Drayton Farr, Jr. (1926-2010)

99 Nesbit Street, Punta Gorda, FL 33950 • 941.639.1158 phone • 941.639.0028 fax
33 S. Indiana Ave., Englewood, FL 34223 • 941.460.9334 phone • 941.460.9443 fax

Guy S. Emerich*
Jack O. Hackett II**
Charles T. Boyle†
Darol H. M. Carr

David A. Holmes‡
Gary A. Kahle**
Roger H. Miller III
Dorothy L. Korszen

Will W. Sunter
Forrest J. Bass
Natalie C. Lashway
George T. Williamson

* FL Bar Board Certified in Wills, Trusts & Estates
** FL Bar Board Certified in Real Estate
‡ FL Bar Board Certified in Marital & Family Law
and Certified Family Law Mediator
† Certified Circuit Court Mediator

June 14, 2012

Certified Mail – Return Receipt
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sound Care, Inc.

Dear Sir or Madam:

Please find enclosed Articles of Amendment to Articles of Incorporation for the above-referenced corporation amending the name of the corporation to Thrive Enterprises, Inc., along with our escrow check in the amount of \$43.75 for the filing fee and certified copy fee. Please mail the certified copy in the enclosed self-addressed, stamped envelope.

Should you have any questions, please do not hesitate to contact our office at 941-460-9334.

Very truly yours,

Dorothy L. Korszen
For the Firm

DLK/wr
Enclosures
cc: Mr. and Mrs. Mark Johnson

500766.0000.9

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sound Care, Inc.

DOCUMENT NUMBER: P08 0000 73680

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Johnson
Name of Contact Person

Thrive Enterprises, Inc.
Firm/ Company

164 Clear Lake Dr.
Address

Englewood FL 34223
City/ State and Zip Code

markfl58@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Johnson at (941) 735-9300
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Articles of Amendment
to
Articles of Incorporation
of

Sound Care, Inc.

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

P080000 73680

(Document Number of Corporation (if known))

FILED
2012 JUN 18 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Thrive Enterprises, Inc.

The new 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 office address:

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. 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)

[illegible]

The date of each amendment(s) adoption: June 13, 2012

Effective date if applicable: June 13, 2012
(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)

☒ 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 June 13, 2012
Signature Mark D. Johnson

(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)

MARK D. JOHNSON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)