P10000065402

(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: FC Family Group, Inc. DOCUMENT NUMBER: P10000065402 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alyssa Cohen-Freeman Name of Contact Person FC Family Group, Inc. Firm/ Company 19605-F South State Road 7 Address Boca Raton, FL 33498 City/ State and Zip Code acfreeman@exitfamilyrealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 706-8080 Area Code & Daytime Telephone Number Alyssa Cohen-Freeman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

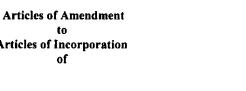
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

to **Articles of Incorporation** of





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

P10000065402

(Document Number of Corporation (if known)

ent(s) to

If amending name, enter the new name of the	e corporation:	
· ·		TH
	word "corporation," "company," or "incorporated" orp," "Inc," or "Co". A professional corporation na the abbreviation "P.A."	or the abbr
Enter new principal office address, if applica		
rincipal office address <u>MUST BE A STREET A</u>	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	BOX)	
	stered office address in Florida, enter the name of the	<u></u>
new registered agent and/or the new register	ed office address:	
	ed office address:	2
new registered agent and/or the new register	ed office address:	<u> </u>
Name of New Registered Agent	ed office address: (Florida street address)	<u></u>
new registered agent and/or the new register	ed office address: (Florida street address), Florida	
Name of New Registered Agent	ed office address: (Florida street address), Florida	
Name of New Registered Agent	ed office address: (Florida street address), Florida	

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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	D		Anthony J. Michaels	19605-F South State Road 7
X Add				Boca Raton, FL 33498
Remove				
2) Change			-	-
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u> </u>			
Add				
Remove				
δ) Change				
Add		_		
Remove				
Kemove				

amending or adding additional Arti- tach additional sheets, if necessary).	(Be specific)
-	
-	
······································	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
covisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nov approach, maneure 1011)	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (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)	
(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	
Signature allessa Cohen Mieman	_
(By a directior, 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	
Alyssa Cohen-Freeman	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	-