000086452

| (Requestor's Name) | |
|---|----------------|
| (Address) | 3002079856 |
| (Address) | |
| (City/State/Zip/Phone #) | · |
| PICK-UP WAIT MAIL | 06/13/1101046C |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | Z co |
| | |
| | |
| | \$ 50 E |

Office Use Only



43

****43.75**





COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: <u>Be</u> a | Champion of Life INC. | |
|--|---|--|
| DOCUMENT NUMBER: P1000 | 086451 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | |
| Please return all correspondence concerning this ma | tter to the following: | |
| Arthony Dag | f Contact Person | |
| Bea Champion | of Life Inc. | |
| 217 South 5 | 7th Terrice Address | |
| Hollywood Fl, City/Si | ate and Zip Code | |
| E-mail address: (to be used for | hamp: on of 1: Fe. (om juture annual report notification) | |
| For further information concerning this matter, please | se call: | |
| Anthony DASOSTINO Name of Contact Person | at (954) 829 2418 Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: | |
| \$35 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | |
| 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

| | 0 |
|---|--|
| | ncorporation |
| BE A Char | mpion UKLiFe Inc. |
| (Name of Corporation as currently filed with | th the Florida Dept. of State) |
| (Document Number of Corpo | $\frac{186452}{\text{ration (if known)}}$ |
| Pursuant to the provisions of section 607.1006, Florida Staamendment(s) to its Articles of Incorporation: | itutes, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | tion: |
| | The new |
| name must be distinguishable and contain the word "coabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional assorb. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | "Corp," "Inc," or "Co". A professional corporation ociation," or the abbreviation "P.A." |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3 AM D |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office: | |
| Name of New Registered Agent: | |
| New Registered Office Address: (FI | lorida 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.

(City)

Signature of New Registered Agent, if changing

, Florida

(Zip Code)

| | 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) | | |
|---------------|--|---|---------------------|
| <u> </u> | <u>Name</u> | Address | Type of Action |
| | | | |
| ···· | | | |
| <u></u> | | | ☐ Add☐ Remove |
| | | | |
| - | | | |
| | | | |
| provis | | ange, reclassification, or cancellation | |
| provis (if | ions for implementing the amen not applicable, indicate N/A) | dment if not contained in the amend | lment itself: |
| provis (if | ions for implementing the amen not applicable, indicate N/A) | dment if not contained in the amend | e the |
| provis (if | ions for implementing the amen not applicable, indicate N/A) would like | dment if not contained in the amend | ment itself: e the |

| The date of each amendment(s) ac | loption: 6-6-11 |
|--|--|
| | (date of adoption is required) |
| Effective date if applicable: | more than 90 days after amendment file date) |
| (no l | more than 90 days after amenament file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for | or the amendment(s) was/were sufficient for approval |
| $(A_0)_{bv}$ | " |
| (voti | ng group) |
| The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareholder |
| Dated(| 6-6-11 |
| Si amataun | |
| Signature(By a dire | ector, 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) |
| | Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |