P11000032739

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSES FLORIDA

APPROVED AND FILED

C. 19,3014

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Soul Purpose Counseling Associ
DOCUMENT NUMBER: \$11000032739
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rev. Dr. Momas Name of Contact Person Life Transformations, Inc. Firm/Company Address Pembroke Pives FL 33024 City/State and Zip Code Lnorris III @ smail. Com E-mail address: (to be used for furfire annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Nowis at 786 201-2468 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 (Additional copy is enclosed) Certificate of Status Certificate Of St
Mailing Address Amendment Section Street Address Amendment Section

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

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

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Articles of Amendment

to

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	Articles of Incor	poration	_SECRETARY OF COM	, , , , , , , , , , , , , , , , , , ,
Soul Purpose	<u>Coursel</u>	ing A	TALLAHÄSSFE FLOR	Pinc.
(Name of Corporation as cu		rada Dept. of Sta	<u>te</u>)	
11000037	umber of Corporation (if k			_
(Document N	umber of Corporation (if a	,nown <i>j</i>		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Fl	orida Profit Corp	poration adopts the following	ig amendment(s) to
A. If amending name, enter the new name	of the corporation:	41.		
Inner Life T	Tansforw	iations	Jus.	_The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co	o". A profession		
B. Enter new principal office address, if a				_
(Principal office address MUST BE A STRI	EEI ADDKESS)			
				_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)				_
<u> </u>				_
				_
				_
D. If amending the registered agent and/o		s in Florida, ent	er the name of the	
new registered agent and/or the new re	egistered office address:			
Name of New Registered Agent			<u> </u>	
	(Florida stree	t address)		
New Registered Office Address:			, Florida	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if chan	ging Registered Agent:			
I hereby accept the appointment as registered		h and accept the	obligations of the position.	
Signa	ture of New Registered Ag	ent, 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: 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
1) Change	 		
Add Remove			
2) Change			
Add Remove			
3) Change	 -		
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add			

	(Be specific)
·	
If an amandment provides for an eych	bangs reclassification or cancellation of issued shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and amendment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and and the amendment itself:

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	13 DEC 26 AM 9: 19 , if	
The date of each amendment(s) adoption:	SEPRITAGE	other than the
date this document was signed.	TALL ANAGOR OF STATE	
Effective date if applicable: ANAGYY	SECRETARY OF STATE AUTALI AHASSEE, FLORIDA	
	lays after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The nuby the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote		
"The number of votes cast for the amendment(s) was/were st	ufficient for approval	
by	"	
(voting group)		
The amendment(s) was/were adopted by the board of directors with action was not required. The amendment(s) was/were adopted by the incorporators without action was not required.		
appointed fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court MGS L. Worn'S Ited name of person signing)	
CEO	of person signing)	