PILWO Saloy

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
•	,	•
PICK-UP	WAIT	MAIL
_	<u></u>	_
(Bı	isiness Entity Nai	me)
(Do	ocument (Mumber)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



200212274162

09/23/11--01013--004 **43.75



TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Vital Life Group Inc.	
DOCUMENT NU	JMBER:	P11000052104	
The:enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Yonanda B. Moore Name of Contact Person	
	V	ital Life Group Inc. Firm/ Company	
	1982	2 ST RD 44 PMB 131 Address	
		myrna Beach, FL 32169 City/ State and Zip Code	a registration of
- Annual man	·	vitallifegroup.com d for future annual report notification)	
For further information	ation concerning this matter,	please call:	
Name	onanda Moore of Contact Person	at (321) 2 Area Code & Daytime Te	262-9654 Lephone Number
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	rtment 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)
P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ.	le

Tallahassee, FL 32301

to

of	*/10 / /
 Vital Life Group Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	14/1/4 My
P11000052104	
(Document Number of Corporation (if known)	- CORATE
	O _A

lowing

		The ne
ne must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or th ne must contain the word "chartered," "pr	he designation "Corp," "Inc,'	" or "Co". A professional corporation
Enter new principal office address, if aprincipal office address MUST BE A STRE		
Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		
If amending the registered agent and/or	registered office address in gistered office address:	Florida, enter the name of the
new registered agent and/or the new res		
Name of New Registered Agent:		
	(Florida street ad	(dress)
Name of New Registered Agent:	(Florida street ad	dress), Florida (Zip Code)

remoyed and the, name, and address of each Othicer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> Address **Type of Action** Name Pr<u>e</u> Jason S. Moore New Smyrna Beach ☑ Remove FL 32168 Yonanda B. Moore 1982 St Rd 44 PMB 131 Pre New Smyrna Beach ☐ Remove FL 32168 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

Effective date if applicable: 9/19/11 (date of adoption is required)
(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(by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statem 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 shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 9/19/2011
Signature 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)
Yonanda B. Moore
(Typed or printed name of person signing)
President (Title of person signing)
(rue or berson affinits)