P12 0000 11290

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COVER LETTER

Division of Corporations NAME OF CORPORATION: SUM OF LIFE INC P12000011290 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SYLVIA KOUTSODONTIS

Name of Contact Person ESKAY ACCOUNTING + TAX SERVICE INC 1821 LIBERTY STREET HOLLYWOOD FL 33020-2406
City/ State and Zin Code Sophia e bell south net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sywing KoutsoonNTIS at (954) 924-1571

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: S35 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 is enclosed)

> <u>Mailing Address</u> Amendment Section Division of Corporations

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

= - -	
Sum OF LIFE INC	FILE
of Corporation as currently filed with the Florida Dept.	of State)

ni(s) to

(Name of C	orporation as currently filed	with the Florida	Dept. of State)	
	P120000		2024 JUH -5	PH 1:27
	(Document Number of Corp	oration (if known)	÷	—·
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Florid</i>	a Profit Corporatio	on adopts the follo	wing amendme
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or t	." "Inc." or "Co". A proti	ny," or "incorporat essional corporatio	ed" or the abbrev in name must con	The new iation "Corp.," utain the word
B. Enter new principal office address, if a (Principal office address MUST BE A STRE	oplicable: <u>ET ADDRESS</u>)			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	<u>e:</u> <u> </u>			
). If amending the registered agent and/or new registered agent and/or the new reg	registered office address in gistered office address:	Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida sirect add)	USAI		
New Registered Office Address:		····,		
Secreta Office Autoress.	(Cuy)		, Florida /Z	ip Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and	Laccept the obligat	ions of the pasitio	n.
	Signature of New Registere	d Agent, if changin	g	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	T	STACEY LEE	2469 SOUTH BULL MOOSE D. COALLILE, UT 84017
XAdd			COALUILLE, UT 84017
Remove			
2) Change	 -		
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			***************************************
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
77	

The date of each amendment(s) and date this document was signed.	loption: $\frac{5/30/20}{}$, if other than the
Effective date if applicable:	5/30/2024	r amendment file date)
	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statu partment of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
Has amendment(s) was/were ado action was not required.	nted by the incorporators, or board of di	rectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of ficient for approval.	of votes east for the amendment(s)
masi ek separateji provitica pr	oved by the shareholders through voting ach voting group entitled to vote separate	ately on the amendment(s):
	or the amendment(s) was/were sufficier	
by	/ (voting group)	
	(voung group)	
Dated5	130/2024	
Signature	130/2024 Tu	
(By a dir selected,	ector president or other officer - if dire by an incorporator - if in the hands of a d fiduciary by that fiduciary)	ctors or officers have not been a receiver, trustee, or other court
	TEREMY J Wh (Typed or printed name of per	ite
	(Typed or printed name of per	rson signing)
_	PRESIDENT	_
	(Title of person signing)	