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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CPR-4-Life lnc.								
DOCUMENT NUMBER: \$\frac{12000058502}{}								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Noelie Berry Name of Contact Person								
CPR-4-Zife luc Firm/Company								
7025 Vista Park Lane #202								
Tampa Flurida 33637 City/ State and Zip Code								
Tampa 7-lorida 33637 City/ State and Zip Code Noel berry 11 @ gmail. Com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Contact Person at (8/3) 509-8/26 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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)								
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle								

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation
of

CPR-4-Life lnC.

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

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

•	
A. If amending name, enter the new name of the corporation	-
Kelsey Health Care Edit	ication Services, Inc The new
name must be dislinguishable and contain the word "corpor	ration," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	
wora charierea, projessional association, or the abbreviati	Man - 1/1 / 1 / 1
B. Enter new principal office address, if applicable:	1025 Vista Kark Jane#202
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7025 Vista Park Lane#202 Tampa, Florida
<i>,</i>	33637_
C. Enter new mailing address, if applicable:	A 1
(Mailing address MAY BE A POST OFFICE BOX)	SAME AS above
To 16 11 11 11 11 11 11 11 11 11 11 11 11	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered AgentN	
•	
(Florid	da street address)
New Registered Office Address: NA	Florida
	City) (Zip Code)
•	
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	
NA	

Signature of New Registered Agent, 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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	<u>Jones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	NA		***************************************
Add Remove			
2) Change	NA		
Add	. (
Remove 3) Change	NA		
Add Remove			
4) Change	MA		
Add Remove	·		
5) Change	NA		11VAE
Add Remove			
6) Change	MA		
Add	1		
Remove			

E. <u>I</u>	f <mark>amend</mark> Attach <i>aa</i>	ing or a	dding a	if nace	i <mark>al Arti</mark>	eles, ent	er chang	e(s) here	<u>e</u> :			
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
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)	
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 December 12, 2014	
Signature / 12 Le Devis	<u></u>
(By a director, president of other officer - if directors or officers have not been	
selected, by an incorporater – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Duner 1CEO	
(Title of person signing)	