PIBOOOILI

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R. WHIE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Socialights Therap	y, Inc.			
	DOCUMENT NUMBER: P13000001444				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Holly Marino				
		Name of Contact Person	1		
	Socialights Therapy, Inc.				
		Firm/ Company			
	6152 Delancey Station Street, Suite 205				
		Address			
	Riverview, FL 33578				
		City/ State and Zip Cod	e		
holl	y@socialightsconnection.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Holly Marino		at (813) 220-097 de & Daytime Telephone Number		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment 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)		
<u>M</u>	ailing Address	Street	Address		

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

Articles of Amendment

to
Articles of Incorporation

Fig. 1. Fig.

15 JUL 20 / H: 59

(Name of Corpora	ation as currently filed with the Florida Dept. o	f State) LAA JA
13000001444		
(Doc	cument Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Flori s Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporation</i> adop	ts the following amendmen
. If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	orp," "Inc," or "Co". A professional corporation	
. Enter new principal office address, if applicat	ble:	
Principal office address <u>MUST BE A STREET AL</u>	DDRESS)	
		· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	B <i>OX</i>)	·····
. If amending the registered agent and/or regist		of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
Nov. Booleans 1 000 4 11	r	
New Registered Office Address:	(City)	lorida (Zip Code)
ew Registered Agent's Signature, if changing R	Registered Agent:	
ew Registered Agent's Signature, if changing Renereby accept the appointment as registered agent.	Registered Agent: t. I am familiar with and accept the obligations o	f the position.
ew Registered Agent's Signature, if changing Reserved agent, sereby accept the appointment as registered agent.	<mark>legistered Agent:</mark> t. I am familiar with and accept the obligations o	f the position.
ew Registered Agent's Signature, if changing Repertury hereby accept the appointment as registered agent.	Registered Agent: t. I am familiar with and accept the obligations o	f the position.

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>Joh</u>	<u>ın Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Angela M. Hill	18017 Java Isle Drive
Add			Tampa, FL 33647
X Remove			
2) Change	TREA	Holly R Marino	10014 Oxford Chapel Drive
Add			Tampa, FL 33647
X Remove			
3) Change			
Add			
Remove			
4) Change	VP	Alicia M. Yimoyines	702 Guisando De Avila
X Add			Tampa, FL 33613
Remove			
5) Change	TREA	Brieann Yimoyines	702 Guisando De Avila
X Add			Tampa, FL 33613
Remove			
6) Change	···		
Add			
Remove			

Attach additional sheets, if n	ecessary). (Be specifi	ic)		
				<u> </u>
<u> </u>				
	<u></u>			
		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
F. If an amendment provides provisions for implementi (if not applicable, indicate)	ng the amendment if n			
Article VII has been amended t	o remove Angela Hill as	s Vice President and	Holly Marino as Treasure	er. Brieann Yimoyines
s now the Treasurer and Alicia	Yimoyines in the Vice	President. Angela l	Iill and Holly Marino are	no longer officers,
directors, nor shareholders of th	e corporation.			

The date of each amendment(s) adopt date this document was signed:	ion:, if other than the
date this document was signed:	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
selected, by appointed t	or, president or other officer—if directors or officers have not been an incorporator—if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
	(Typed or printed name of person signing)
Pre	sident
	(Title of nerson signing)