## P13000012918

| (Requestor's Name)      |                    |           |  |  |
|-------------------------|--------------------|-----------|--|--|
| (Address)               |                    |           |  |  |
|                         |                    |           |  |  |
| (Ad                     | dress)             |           |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)      |  |  |
| P!CK-UP                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                     | siness Entity Nar  | ne)       |  |  |
| (Document Number)       |                    |           |  |  |
| Certified Copies        | _ Certificates     | of Status |  |  |
| Special Instructions to | Filing Officer:    |           |  |  |
| ,                       |                    | :         |  |  |
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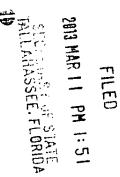
Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: KELLYS DESIGN AND REMODELING INC   |  |  |  |  |  |
|---|--|--|--|--|--|
| DOCUMENT NUMBER: P130000 12918  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |  |
| ERROL KELLY   |  |  |  |  |  |
| Name of Contact Person  |  |  |  |  |  |
| Firm/ Company   |  |  |  |  |  |
| 16825 NW 53 PL  |  |  |  |  |  |
| OPA LOCKA, FL 33055   |  |  |  |  |  |
| City/ State and Zip Code  |  |  |  |  |  |
| EKELLY 68 @ BELLSOUTH. NET  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |
| For further information concerning this matter, please call:  258 - USGS  |  |  |  |  |  |
| ERROL KELLY at (786 ) 258-686:3   |  |  |  |  |  |
| 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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)                         |  |  |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |  |

## Articles of Amendment to Articles of Incorporation

FILED

## KELLY'S DESIGN AND REMODELING INC

2013 MAR | | PM |: 51

| (Name of Corporation as currently  | filed with the Florida Dep                     | TALLAHASSEE, FLORIDA                         |            |
|--|--|--|------------|
| P13000012918   |  | 19 TERRINGSEE, FLORIDA                       |            |
| (Document Number of  | of Corporation (if known)                      |  |            |
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:   | ida Statutes, this <i>Florida Pr</i>           | ofit Corporation adopts the following amendm | nent(s) to |
| A. If amending name, enter the new name of the   | corporation:                                   |  |            |
| RENDERING TO LIFE, INC   |  | The ne                                       | นา         |
| name must be distinguishable and contain the wi<br>"Corp.," "Inc.," or Co.," or the designation "Conword" "chartered," "professional association," or the  | rp," "Inc," or "Co". A pi                      | any," or "incorporated" or the abbreviatio   | n          |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL   |  |  |            |
|  |  |  |            |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE B  | <u> </u>                                       |  |            |
|  |  |  |            |
| D. If amending the registered agent and/or registered agent and/or the new registered  | tered office address in Flored office address: | rida, enter the name of the                  |            |
| Name of New Registered Agent   |  |  |            |
|  | (Florida street address)                       |  |            |
|  | (1 10) 100 till och data cilly                 |  |            |
| New Registered Office Address:   | (City)   | Florida(Zip Code)                            |            |
|  | ·  |  |            |
|  |  |  |            |
| New Registered Agent's Signature, if changing R<br>I hereby accept the appointment as registered agent   |  | cept the obligations of the position.        |            |
| The state of the s |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -      |            |
| Signature of   | New Registered Agent, if ch                    | anging                                       |            |

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<br>(Check One) | <u>Title</u> | <u>Name</u> |              | Address |
| 1) Change                     |              |             |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 2) Change                     |              | _           |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 3) Change                     |              |             |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 4) Change                     |              |             |              |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |
| 5) Change                     |              |             |              |         |
| Add                           |              | -           | <del></del>  |         |
| Remove                        |              |             |              |         |
|                               |              |             |              |         |
| 6) Change                     | <del></del>  | <del></del> | ············ |         |
| Add                           |              |             |              |         |
| Remove                        |              |             |              |         |

| . If amending or adding additional Arti   | icles, enter change(s) here:                               |
|---|--|
| (Attach additional sheets, if necessary). | (Be specific)  |
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|   | nange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)         | ndment if not contained in the amendment itself:           |
| (y ma apparation, marcare 1021)           |  |
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The date of each amendment(s) adoption: 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 ☐ 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 02/24/13 (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) ERROL KELLY

(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT