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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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BAY LIFE SOUTH INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Bay L</u>	ifeSouthInc.
DOCUMENTNUMBER:	P13000081311
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	ImeldaVasquez (Name of Contact Person)
	(Control of Control of
	Legalzoom.com, Inc.
	(Firm/ Company)
	100 W. Broadway Suite 100
T.	(Address)
	Glendale, CA 91210 (City/ State and Zip Code)
For further information concerning this n	•
lmelda Vasquez	at(<u>323</u>) 962-8600x7950
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Statu	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
Tananasse, FL 52514	Tallahassee, FL 32301

850-617-6381

10/31/2014 11:32:36 AM PAGE 1/001 Fax Server



October 31, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAY LIFE SOUTH INC. 4838 W FLAMINGO RD. TAMPA, FL 33611US

SUBJECT: BAY LIFE SOUTH INC.

REF: P13000081311

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2014 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The changes you wish to make can be made on the reinstatement.

The total amount due to reinstate is \$750.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H14000253536 Letter Number: 914A00023354

RECEIVED
14 NOV 12 PM 2: 36
COMPANY OF STATES
STATE

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

Bay Life South Inc.

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

P13000081311

(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:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

В.	Enter new	<u>principal</u>	office addr	ess, if applic	<u>cable:</u>
(Pr	incipal offi	ce address	MUST BE	A STREET	ADDRESS)

C.	Enter new mailing address, if applicable:
	(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:	**************************************	_
and the state of the second and	And the second of the second	Same of the
New Registered Office Address:	(Florida street address)	• •
State of the State of State of the State of		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

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The date of each amendment(s) adoption: 1/29/2014	and the second s
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 amen by the shareholders was/were sufficient for approval.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following 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	
(voling group).	and the second second second
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Signature (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Chris Willingham	
(Typed or printed name of person signing)	and the second s
Director	
(Title of person signing)	
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