P13000083596

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: THE SWEET Spoting. DOCUMENT NUMBER: $P13000083596$
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Tomas
Name of Contact Person KEY to Life Therapies
270 S. County Rd.
Palm BEACH F1. 33480 City/State and Zip Code
MAXIM CENTER @ Hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Tomas at 561, 972-0882
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:
\$35 Filing Fee Certificate of Status 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

THE SWEET SOOT INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	-
P13000083596	
(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
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 a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office 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:	SECRETAL NIVISION OF 13 NOV 2
Name of New Registered Agent (Florida street address)	O PHIL: N
New Registered Office Address:, Florida	→ 500
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	

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:

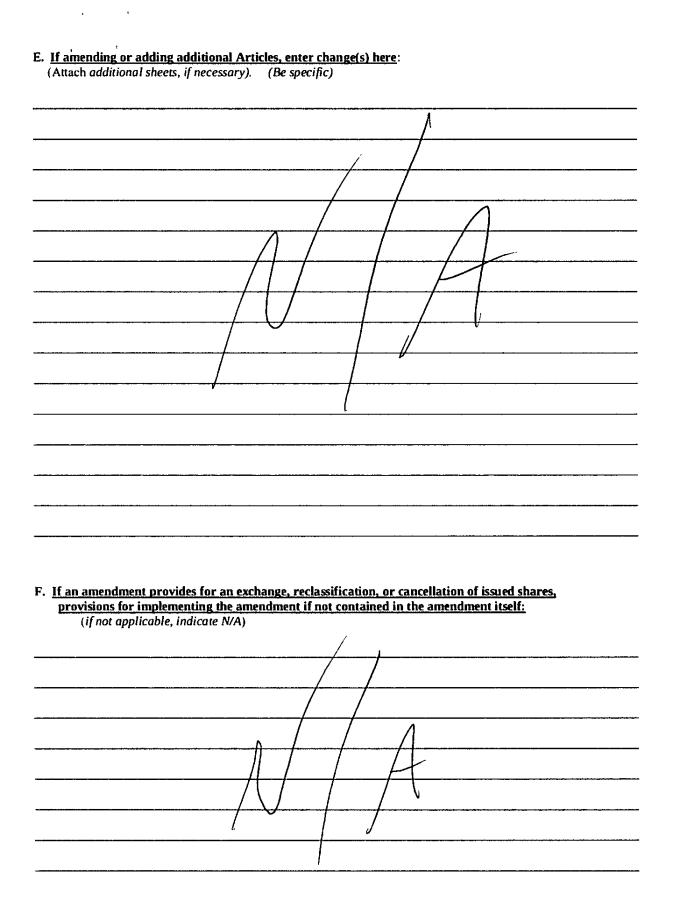
(Attach additional sheets, if necessary)

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.

X Remove X Add X Add X Add X SY Sally Smith Sy Sally Smith Sy Sally Smith	Rd. .3348c
Type of Action (Check One) 1) Change P JEFF FOURNIER PAIM BEACH, FI Add Remove 2) Change P JAMIE TOMAS P.O. BOX 361 PAIM BEACH, FI. 33 480 Add Remove 4) Change Address FOR AND E FOURNIER Address FOR AND SEACH, FI. Address FOR AND SEACH FI. 33 480	Rd. .3348C
Check One) 1) Change P JEFF FOURNIER 270 S. COUNTY PAIM BEACH, FI Add Remove 2) Change P JAMIE TOMAS P.O. BOX 361 PAIM BEACH, FI. 33 480 Add Remove 3 Howard Beach FI. 33 480 4) Change Add Add Add	Rd. .3348C
3) Change S JAMIE OMAS P.O. BOX 361 Add PALM BEACH F1. 33480 Add Add Add	
3) Change S JAMIE OMAS P.O. BOX 361 Add PALM BEACH F1. 33480 Add Add Add	^
Add	J
L IXCHIOVC	
5) Change Add Remove	
Change Add Remove	



The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 east 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	
St. 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 11-19-13	
Signature (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)	
JEFF FOURNIER	
(Typed or printed name of person signing)	
the former as to	nesident
(Title of person signing)	-