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T. CARTER

COVER LETTER

TO: Amendment Section

Division of Cor	porations			
NAME OF CORPO	RATION: Sobriety No	ow, Inc		
DOCUMENT NUM	IBER: P1400001526	4		
	s of Amendment and fee are su			
Please return all corr	espondence concerning this ma	tter to the following:		
	Michael Brown			
		Name of Contact Person		
	Sobriety Now, Inc		ı	
		Firm/ Company		
	639 E Ocean Ave	• •		
		Address		
	Boynton Beach, I	FL 33435		
	_	City/ State and Zip Code	e	
mi	ka@aabriaturau.fl			
1111	ke@sobrietynowfl.			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Michael Bro	wn	at (561	299-8122	
Name	e of Contact Person		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	urtment 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)	
Mailing Address		Street	Address	
Amendment Section			Iment Section	
Di	vision of Corporations	Divisio	on of Corporations	
	D. Box 6327		Building	
Tailahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation



Sobriety Now, Inc

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

P14000015264

(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:

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 a	ddres	s, if ap	plicab <u>l</u>	<u>e:</u>
Pi	incipa	l offic	e address	MUST	BE A	STRE	ET ADI	DRESS)

639 E Ocean Ave Ste 204-205

Boynton Beach, FL 33435

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

639 E Ocean Ave

Ste 205

Boynton Beach, FL 33435

D. <u>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:</u>

Name of New Registered Agent

Michael Brown

639 E Ocean Ave Ste 205

(Florida street address)

New Registered Office Address:

Boynton Beach

Florida 33435

(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

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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Nicholas Diamantides	184 Lake Monterey Cir
Add			Boynton Beach, FL 33426
Remove			
2) Change	CEO	Michael Brown	639 E Ocean Ave
Add			Ste 204-205
Remove			Boynton Beach, FL 33435
3) Change	CFO	Ryan Needle	639 E Ocean Ave
Add			Ste 204-205
Remove			Boynton Beach, FL 33435
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessar			
Ownership	p Shares of Sobr	iety Now, Inc will I	be owned by CE	O Michael Brown.
	·			
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				<u> </u>
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			<u> </u>	<u> </u>
If an amendr	nent provides for an o	exchange, reclassificat	ion, or cancellation	of issued shares,
provisions fo	or implementing the a pplicable, indicate N/A	amendment if not cont	ained in the amendr	nent itself:
	pricable, indicale WA	·)		
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The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_5/9/14		
	17.	
Signature		_ _
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court attended fiduciary by that fiduciary)	
	Michael Brown	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	 -