P14000096423

Office Use Only



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(5/25/19--610)5--313 **85.6.

APR 05 2019
S. YOUNG

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Value Life Co 400096423
The enclosed Articles of Amendment and fee are st	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
<u> </u>	Name of Contact Person
6990	Firm/ Company SZPd ST
	Address LACOPAR FL 33063 City/ State and Zip Code
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, plea	ise call:
Name of Contact Person	at ()
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

EVALUE	Life Co
(Name of Corporation as currently	filed with the Florida Dept. of State)
P14000	096423
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u>	M/Ω
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	- TO
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: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
Mary Development (1965 or 11 houses	Florida
New Registered Office Address: 6	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	
Signature of New Re	gistered 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:	tove, und suny smit	n, 5r us un Aau.	
X Change	PT John	Doe	
X Remove	<u>∨</u> <u>Mike</u>	Jones	
X Add	SV Sally	Şmith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) X Change	CEO,P	Marcal DAVIS	6990 N.M 23rds
Add			Margale, 71
Remove			33063
2)Change	UP	TAMEILA DAVIS	9830 D.M 53gg 24
Add			Margade, M
Remove 3) Change	P	Jamesta Davis	6330 D. M 5319 2
Add			Margate, Fl
Remove			33063
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A Attach <i>additional sheets, if necessary</i>					
,					
	<u> </u>				
	<u> </u>				
				•	
f an amendment provides for an ex provisions for implementing the at				res,	
(if not applicable, indicate M/A)					
TAMOILA A. DE	vice and	Marcal	16	1	راد در
LAMCILA H. DE	INS HILL	. 11 HICOI	17115	MAS	100 H
of Smires,	mt 50	1250 es	AC C.		
of or	.101 - 30	<u> </u>			
			 		

The date of each amendment(s) adoption:	_, 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 does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
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 03/20/2019	
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)	
TAMEILA A. DAVIS	
(Typed or printed name of person signing)	
CFO, D	
(Title of person signing)	_