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COVER LETTER

TO: Amendment Section Division of Corporations

•	_	Δ		
NAME OF CORPOR	ation: <u>Lifefu</u>	ne Advo	cates the	
NAME OF CORPORATION: LIFETUNE Advocates IRC. DOCUMENT NUMBER: P1400053934				
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
	Beve	Name of Contact Person		
_		Name of Contact Person	n	
~~		Firm/ Company		
	20.2	Severa l	111as DR 34337	
		Address		
	Sarasuta	e 71	34337	
		City/ State and Zip Cod	e	
	beox C	Life time	advocates. Com,	
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas			
None	Contact Person	at () de & Daytime Telephone Number	
(vaine of	Contact Person	Alea Co	de & Daytine Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status 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		
1.61	e Advocates . Inc		
		· ·	
	coration as currently filed with the Florida Dep	L of State	
	20052934		
(L	Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	florida Statutes, this Florida Profit Corporation a	dopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of	the corporation:		
· · · · · · · · · · · · · · · · · · ·	e word "corporation," "company," or "incorporation,"		The new
"Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of B. Enter new principal office address, if appli	Corp," "Inc," or "Co". A professional corpor or the abbreviation "P.A."		
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)		
			
C. Enter new mailing address, if applicable:	E BOY		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		
			
D. If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address in Florida, enter the nar tered office address:	ne of the	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	<u> </u>	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent: ent. I am familiar with and accept the obligation	s of the pos	sitt od
		= -	
			82 (
	Signature of New Registered Agent, if changing		
		; - ·	رب برب رب

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	PT John	<u>Doe</u>	
X Remove	Y Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	_ 2	Evicua Anderson	202 Severa Villas DR
★ Add			SAKUSOta 776.34237.
Remove			
2) Change	<u> </u>	Leland Flex	900 SERENUA VILLASIDE SARASITO, 76 54237
Add			SHEHSUN, TO STAT)
Remove 3) K Change	PI	Briefly & Cox.	202 Swera Udlas D
Add			Sarasia. 41 34237
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
δ) Change			
Add			
Remove			

	ional sheets, if necessary). (B	enter change(s) here: Be specific)		
				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	-31-3017
(no more t	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of dire action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	s without shareholder action and shareholder
Dated 6-21-3017	,,=
Signature Buckley & Co	y. Bresidenk
(By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court
Base	nted name of person signing)
(Typed or pri	nted name of person signing)
K	resident / Dringeier
	Fitle of person signing)