P1700010383

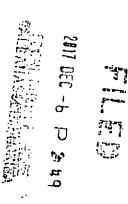
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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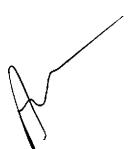


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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AR	Lifesquing	Clrtifications			
DOCUMENT NUMBI	ER: EIN: 8	1542361	Certifications			
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
	Adam	Renneise	'n			
-	- 	Name of Contact Persor	1			
	AR Lif	Bacing Co	etifications			
	Adam Renneisen Name of Contact Person AR Lifescing Certifications Firm/ Company					
	31/1 NE 5-14 C+ Address					
_		Address				
	Ft. Lade	rdolp FC	37308			
_		City/ State and Zip Code				
	adam re.	unvisen er	xtioc.com			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Adam	Renvisen	at (75 4	276-cx53 de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to cticles of Incorporatio

Articles of Inco	orporation	
AR Lifesonia Cort	ifications	
(Name of Corporation as currently	filed with the Florida Dept. of St	ate)
AR Lifescring CCIA (Name of Corporation as currently FIN. 5'15'427610		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the	he following 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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "Inc. "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation n	or the abbreviation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	<u> </u>	<u>he</u>
Name of New Registered Agent /KACM	-nippisen	
TOW THE STORE OF THE CONTROL OF THE	Prince Port Company (City)	ida 35308 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of th	e position. 2117 DEC
Signature of New R	egistered Agent, i j c hanging	

It 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/divector title by the first letter of the office title:

P = President; V = Vise President; T + Treasurer; S - Secretary; D - Director; TR - Trustee; C = + hairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer - If an officeralization holds more than one wile, list the first letter of each office hold President, T-casurer, 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe		
			, /	t.
X Remove	<u>V</u>	Mike Jones	$\wedge / / 2$	4
X Add	<u>sv</u>	Sally Smith		1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	/	<u>Addres</u> s
l) Change				
Add				
Remove				
2) Change			/	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Kemove				

<u>f amending</u> Attach <i>addit</i>	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)	
		
	1	
	(
<u> </u>		-
an amend	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if not	applicable, indicate N/A)	
		

. .. .

The date of each amendment(s) adoption:	12-4-1	7	, if other than the
date this document was signed.			
Effective date if applicable:			
(6	no more than 90 days after	r amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta		ory filing requirements, this date wil	ll not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		f votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr			
"The number of votes cast for the amenda	nent(s) was/were sufficient	t for approval	
by(voting			
(voting	z group)		
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without sha	areholder action and shareholder	
The amendment(s) was/were adopted by the incaction was not required.	corporators without shareho	older action and shareholder	
Dated /2 - 4 -	-/ 7		
Signature	U-Z_	-	
	ent or other officer - if dire	ectors or officers have not been	
selected, by an incorp	orator - if in the hands of	a receiver, trustee, or other court	
appointed fiduciary by	y that fiduciary)		
	Aden	Kennersen	
(Ty	yped or printed name of pe	erson signing)	_
	Owner (Title of person s		
	(Title of person s	igning)	