P1700066871

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Oity/State/Zip/Fitorie #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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T. J. E. MELL



COVER LETTER

TO: Amendment Section

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: ACCESS LIFE FINANCIAL CORDOCUMENT NUMBER: P17000066871
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERROL CUNNINGHAM
Name of Contact Person ACCESS LIFE FINANCIAL CORP Firm/Company 10982 LAISEMORE LANE
10982 LAISEMORE LANE
BOCA RATON FLORIDA 33498
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 954 675-2083
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

Articles of Incorporation

Access Life Financial CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P 17 0000 66871 (Document Number of Corporation (if known)

nt(s) to

(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Col</i>	rporation adopts the following amendme	
A. If amending name, enter the new name of the	e corporation:		
		The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A professio		
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)		
D. If amending the registered agent and/or regi		tter the name of the	
new registered agent and/or the new register	reu ornce augress:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		e obligations of the position.	
S	Signature of New Registered Agent, ij	f changing SNA 0 P P P P P P P P P P P P P P P P P P	

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)

٠,

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 Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
I) Change	PRES GILDA SWAS	EY 13503 NW 6 STREE
X Add		APT 103 PEMBROKE
Remove	PRES GILDA SWAS	FLORIDA 33028
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

-	
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(If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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F. ,	If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

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 ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting ground must be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	."
The amendment(s) was/were adopted by the board of directors without sharehold	Idea action and charaholder
action was not required.	der action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
action was not required. Dated Dated Dated	017
Signature	
(By a director, president or other officer - if directors	
selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	over, trustee, or other court
1 /	CHNNIN GHAM
(Typed or printed name of person s	igning)
CE	S
(Title of person signing)

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