## P17000097299

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SECRETARY OF STATE
STATEMENT CORRECTATION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Paros Life Inc.		
DOCUMENT NUN	4BER: P17000097299		
The enclosed Article	es of Amendment and fee are	submitted for filing.	
Please return all corn	respondence concerning this n	natter to the following:	
	Sean Rowland		
		Name of Contact Person	on
	Paros Life Inc.		•
	8042 Silver Birch Way	Firm/ Company	
	Lehigh Acres, FL 33971	Address	
		City/ State and Zip Coo	le
info(	@paroslifeinc.com	•	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea		,
Sean Rowland		239	, 9081312
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address andment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Paros Life Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000097299 (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: N/A 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. 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: Name of New Registered Agent (Florida street address) New Registered Office Address: 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	¥	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	D	Mario Michetti	23151 Fashion Drive	
Add			Ste. 213	
X Remove			Estero, FL 33928	
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>			
Add				
Remove				
6) Change				
Add				
Remove				

4	(Be specific)
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The date of each amendment(s) adoption:	June 28, 2018
date this document was signed.	, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as the t of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
☐ The amendment(s) was/were approved by must be separately provided for each von	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
C	voting group)
Total was not required.	ne board of directors without shareholder action and shareholder ne incorporators without shareholder action and shareholder
6/28/18 Dated	
Signature	
sciected, by an in-	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
Sean Roy	wland
	(Typed or printed name of person signing)
President	
<del></del>	(Title of person signing)