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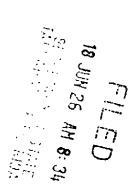


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And

R. WHITE JUN 2 7 2018



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: TRANSITIONS INC DOCUMENT NUMBER: P1 8000009029
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Writehead  Name of Contact Person  TRANQUIL TRANSITIONS INC  Fim/Company  3136 SW 16 PLACE  Address  CAPE CORAL FL 33914  City/State and Zip Code  TRANQUIL TRANSITIONS SWFLOGMAIL COW  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DONNA WHITEHERD at 954 478 - 8985  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  Certified Copy (Additional copy is enclosed)  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

FILED

## Articles of Amendment 8 JUH 26 AM 8: 31, Articles of Incorporation of State of Market Amendment 8 JUH 26 AM 8: 31,

TRANQUIL TRAN	SITIONS INC
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the on "P.A."
B. Enter new principal office address, if applicable:	3136 SW 16 PLACE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	CAPE CORAL
	FL 33914
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 a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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 <math>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:	,	7 27 111 17 100 (111 ) 1000;		
X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	$\mathcal{Y}$	NEL U	JHITEHEA	0 3136 SW 16 Place
Add				fl 33914
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change				
Add				<del></del>
Remove				
6) Change		<del>-</del>		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
····	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
_	
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: $06/20/2018$ , if other the date this document was signed.	an the
Effective date if applicable: 06/20/2018	
(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 not be listed document's effective date on the Department of State's records.	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	
(voung 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 06/20/2018	
Ne	
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)	
DONNA WHITEHEAD	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	