P18000011577

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JUN 2 1 2019 **S. YOUNG** 19 JUN -6 PH 6: 30 CONTIANT JULIE ALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Prophets Touch Rib Corp DOCUMENT NUMBER: P18000011577
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christing Taylor
Prophets Touch Rib
1824 NW Z4 th Terrace
Ft. Landerdale, FL 33311
City/ State and Zip Code
SPPORTINAL AOLICOM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Taylor 1,954, 593-3735
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:
S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certificate of Status (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

trophets louch R	-vb,	Por 7	\supset		
(Name of Corporation as currently	filed with the	Florida De	pt. of State)		
P1800001157	٦				
(Document Number of C	Corporation (i	f known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit (Corporation	adopts the fol	lowing amen	dment(s) to
A. If amending name, enter the new name of the corporation: Prophet's Touch 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 "P.	o". A profes:			the abbrevia	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				7	
D. If amending the registered agent and/or registered office address	o is Closida	antas tha sa	C+b.		
new registered agent and/or the new registered office address:	s in Fiorida,	cuter the na	ime of the		ለ' <u>ሊ</u>
Name of New Registered Agent					ン
(Florida stree	t address)				
New Registered Office Address:			_, Florida		
(C.	ity)			(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept	the obligatio	ns of the posi	tion.	
Signature of New Res	ristered 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:	, ana sai	iy əmun, c	эк аз ан на	ш.	1	Λ.	
X Change	<u>PT</u>	John Do	<u>e</u>		N^{I}		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		Y		
X Add	<u>sv</u>	Sally Sn	<u>rith</u>				
Type of Action (Check One)	<u>Title</u>		Name			1	<u>Addres</u> s
1)Change		_			·	_	
Add						_	
Remove						_	
2) Change		_					
Add						_	
Remove						_	
3) Change						_	
Add						_	
Remove							··
4) Change		_				_	
Add						_	
Remove						_	
5) Change		_	-				
Add						-	
Remove						-	
6) Change		_				_	
Add						_	
Remove							

. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	e(s) here :		
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		,	
			
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. If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ntion, or cancellation of is ntained in the amendmen	ssued shares, t itself:	

The date of each amendment(s) adoption: _		, if other the	in the
date this document was signed.			
there is a second track.	6-3-19	}	
Effective date if applicable:	(no more than 90 days after	r amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		ory filing requirements, this date will not be listed a	is the
Adoption of Amendment(s) (C	CHECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		f votes east for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti.			
"The number of votes east for the an	nendment(s) was/were sufficient	t for approval	
by		<u></u>	
by	voting group)		
The amendment(s) was/were adopted by the action was not required.	ne board of directors without sha	nareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareho	older action and shareholder	
Dated	3-19		
Signature	istina Ta	ulor	
(By a director, pr	esident or other officer - if dire	ectors or officers have not been	
selected, by an ir	ncorporator – if in the hands of a	a receiver, trustee, or other court	
appointed fiducia	ary by that fiduciary)	1	
	Christin	ing Taylor	
	(Typed or printed name of per	erson signing)	
	Vice Pre	ecident	
	(Title of person si	signing)	

. . . .