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PINISION OF CORPORATION OF



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LIFE'S BIFT CENTER INC DOCUMENT NUMBER: 1218000010632 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jaidira D. Rivera
Name of Contact Perso Life's gift center Inc 7666 Simpson Rd
Address Kissimmee FL 34744

City/ State and Zip Code ddress: (to be used for future annual report potification) For further information concerning this matter, please call: Name of Contact Person

Area Coc': & Davime Telephone Number Enclosed is a check for the following amount made payable to the Florida Depar ment of State: S35 Filing Fee □S43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Divisi or of Corporations P.O. Box 6327 Cliftor Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendme 't to Articles of Incorporatio ' of



Life's Sift (exter Inc	2010 JUN 18 AM 11: NO
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
218000000 682	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A wofessional corporation name must contain the
B. Enter new principal office address, if applicable:	2666 Simpson Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Kissinnee FL 34744
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7666 Sinner Rd
	Kissimmee Fl 34744
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
tFlorida s	treet address)
New Registered Office Address: 2666 Six	0500 Rd . Florida 34744
	PSUARD Florida 34744 (City) (Zip Code)
K1351~	w 65
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	
Simulation of Vin	Registerea Agent, if changing
Signature of New	асқысға ақсы, ү сишушу

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 hold 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 listen 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.

Evample: - <u>X</u> Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	mes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
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(s) he Attach additional sheets, if necessary). (Be specific)	_
	
	
f an amendment provides for an exchange, reclassification, of provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	or cancellation of issued shares, I in the aggedment itself:

	option: 6-1-2318	, if other than th
late this document was signed.		
Effective date if applicable:	6-1-2018	
	6 - 1 - 20 18 (no more than 90 days after ovendment file	date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require artment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of vo es cast for the ficient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separated on the amen	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	sted by the board of directors without shar sholder action a	and shareholder
The amendment(s) was/were adoption was not required.	sted by the incorporators without shareholder action and s	shareholder
Dated6 - 1	-7018	
Signature		
·	ector, president or other officer - if directors or officers l	
	, by an incorporator — if in the hands of a receiver, trusteed fiduciary by that fiduciary)	e, or other court
<i></i> ,,,,,,,,,	evidira livera	
-	(Typed or printed name of person signing)	

(Title of person signing)