P18000022282

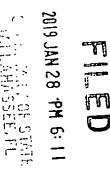
(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200323779782

01/28/19--01014--006 **35.00



C. GOLDEN FEB - 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SOCIAL ADVANC	CE CORP	
DOCUMENT NUMBE	R: P18000022282		<u>,,</u>
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
A	NNIA M PEREZ		
_		Name of Contact Persor	1
S	OCIAL ADVANCE CORP		
		Firm/ Company	
6	40 WEST PALM DRIVE S	UITE D	
-		Address	
F	LORIDA CITY FL 33034		
_		City/ State and Zip Cod	e
THETA	XHOUSE@LIVE.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information ANNIA M PEREZ	concerning this matter, pleas	se call: 786 at (, 6108167
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2019 JAN 28 PM 6: 11 (Name of Corporation as currently filed with the Florida Dept. of State) SOCIAL ADVANCE CORP (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: 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." 640 WEST PALM DRIVE SUITE D B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) FLORIDA CITY FL 33034 C. Enter new mailing address, if applicable: 640 WEST PALM DRIVE SUITE D (Mailing address MAY BE A POST OFFICE BOX) FLORIDA CITY FL 33034 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: ANNIA M PEREZ Name of New Registered Agent 640 WEST PALM DRIVE SUITE D (Florida street address) FLORIDA CITY New Registered Office Address: (City) 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 = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hold. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u> 11</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	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			

f amending or adding additional Artical Anach additional sheets, if necessary).	(Be specific)			
<u> </u>				
		· · · · · · · · · · · · · · · · · · ·		
		<u></u>		
				
	·			
· · · · · · · · · · · · · · · · · · ·				
f an amendment provides for an exch	ange, reclassification, or	cancellation of issued	shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itse	<u>if:</u>	
(у ног аррисате, винеше тт				
				
				
	·	·		

	01/23/2019	if other then the
The date of each amendment(s) late this document was signed.	idoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendn	sent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes can ufficient for approval.	st for the amendment(s)
	oproved by the shareholders through voting groups. or each voting group entitled to vote separately on the	
"The number of votes can	it for the amendment(s) was/were sufficient for appr	oval
by	(voting group)	"
	(voting group)	
The amendment(s) was/were a action was not required.	lopted by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder acti	on and shareholder
01/23/20	9	
DatedSignature	Sleep	
(By a selec	director, president or other officer – if directors or old, by an incorporator – if in the hands of a receivented tiduciary by that tiduciary)	
	ANNIA M PEREZ	
	(Typed or printed name of person sign	ing)
	PRESIDENT	
	(Title of person signing)	