P18000034782

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Doe	cument Number)	
Certified Copies	_ Certificates	s of Status
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2019 JAN 22 AM 11: 13

C. GOLDEN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Cape Healthy Hom	.es, mc.		
	BER: P18000034782			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:		
	Michelle L. Collins			
		Name of Contact Person	1	
		Firm/ Company		
	9240 Belleza Way Apt 104			
		Address		
	Fort Myers, FL 33908			
		City/ State and Zip Cod	c	
mich	elle@capehealthyhomes.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
To raine mormano	m concerning and matter, preac	ic carr		
,		at (_)	
Name	of Contact Person	at (de & Daytime Telephone Number	
	of Contact Person or the following amount made			

Articles of Amendment to Articles of Incorporation of

FILED

2019 JAN 22 AM 11: 13

(Name of Corporation as currently fi	led with the Florida Dept. of State) ALLAHASSE
P18000034782	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Floits Articles of Incorporation:	rida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
Activate Me International, Inc.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.:	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal Office address MOST HE A STREET ADDRESS)	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	s 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)
Name of New Registered Agent	address), Florida
Name of New Registered Agent (Florida street New Registered Office Address:	address), Florida
Name of New Registered Agent (Florida street New Registered Office Address:	address), Florida
Name of New Registered Agent (Florida street New Registered Office Address: (Ci	address), Florida
Name of New Registered Agent (Florida street New Registered Office Address:	address), Florida
Name of New Registered Agent (Florida street New Registered Office Address: (Ci	address), Florida
Name of New Registered Agent (Florida street New Registered Office Address: (Ci	address), Florida

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change			
Add			
Remove		-	
2) Change			
Add			
Remove			
3)Change			··
Add			
Remove			
A) CII			
4) Change			
Add		•	
Remove		•	
5) Change			
Add		-	
Remove			
6			
δ) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
<u> </u>	
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 01/16/2019 Effective date if applicable:	
(no more than 90 days after ar	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	r approval
by(voting group)	
The amendment(s) was/were adopted by the board of directors without sharel	holder action and chareholder
action was not required.	ionaci action and statemoraci
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	er action and shareholder
01/16/2019 Dated	
Signature M L Coll	· ·
(By a director, president or other officer - if directo selected, by an incorporator - if in the hands of a reappointed fiduciary by that fiduciary)	
Michelle L. Collins	
(Typed or printed name of person	n signing)
President	
(Title of person sign	ing)