P18000041090

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Lifeline Consulting	g, Inc	
DOCUMENT NUMBER:	P18000041096	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Am		bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
Jenni	fer Hughes		
		Name of Contact Person	n
Lifeli	ne Consulting, Inc.		
	·	Firm/ Company	
503 R	ush Park Circle		
	Address		
Mary	Esther, FL 32569		
		City/ State and Zip Cod	e
lifelinebusii	nessconsulting@gmail.c	com	
E	E-mail address: (to be us	sed for future annual report	notification)
For further information conc	erning this matter, pleas	se call:	
Jennifer Hughes		at (<u>850</u>	461-8223
Name of Con	tact Person	Area Code & Daytime Telephone Numb	
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □	3\$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)
P.O. Box 6	nt Section f Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lifeline Consulting, Inc.	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
P18000041096	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
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)	E address in Florida, enter the name of the
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	Idress:
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	. Florida
to the same of the	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam	
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 = 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: X Change	<u>PT</u>	John Doe	
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>	<u>Addres</u> s
1) Change	D 	Willie A. Farrow	113 Port Drive
X Add			Shalimar, FL
Remove			32579
2) Change	45.00		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if neces	ssary). (Be specifi	c)		
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an amendment provides for a	an exchange, reclas	sification, or cance	llation of issued sha	ires,
orovisions for implementing the (if not applicable, indicate)	<u>he amendment if no</u> MAO	ot contained in the	amendment itself:	
(ij nas appricame, maicare s				
				
		_		
		_		
		_		
		-		

	05/22/2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	22/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u>-</u>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	ı
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	n
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
05/22/2018 Dated	Kennifer Hugher	
(By A c	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other count ted fiduciary by that fiduciary)	
	Jennifer Hughes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	