## P18000060491

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

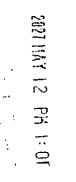
Office Use Only



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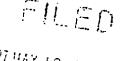
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SAFEST PLACE I	NC.				
	BER: P18000060491					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Ann V Fils					
	Name of Contact Person					
	SAFEST PLACE INC.					
	Firm/ Company					
	1900 N University Dr Ste 210					
		Address				
	Pembroke Pines, FL 33024					
		City/ State and Zip Cod	e			
	safestplacehome@gmail.com	1				
	E-mail address: (to be u	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:				
Ann V Flis		at ( <u>305</u>	de & Daytime Telephone Number			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section			Address			
		Amendment Section				
	vision of Corporations ), Box 6327	Division of Corporations The Centre of Tallahassee				
	Hahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



SAFEST PLACE INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000060491 (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: The new 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." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A 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: Name of New Registered Agent N/A (Florida street address) New Registered Office Address: \_, Florida\_ (Cire) (Zin Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Ju	<u>mes</u>	
<u>X</u> Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	SV		Priority Health Consultants Inc.	2681 N Flamingo Rd S507
X Add		_		Plantation, FL 33323
Remove				
2) Change		_		
Add				
Remove 3 ) Change	<del></del>	<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach	additional she	ig additional Ar ets, if necessary).	. (Be specifi	c)				
N/A		•	• •					
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F. <u>If an a</u>	imendment pro	ovides for an ex	change, recla	ssification, or	cancellation of i	ssued sha <u>res.</u>		
provi	sions for imple	ementing the an	<u>sendment if n</u>	ot contained i	the amendme	nt_itself:		
	ң посаррисары	e, indicate N/A)						
N/A								
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	·		<del></del>					

	05/05/2021	
The date of each amendment(s) date this document was signed.		if other than the
	/05/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendn sufficient for approval.	ient(s)
	pproved by the shareholders through voting groups. The following sta or each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
05/05/20. Dated	21	
(By a selec	director, president or other officer – If directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	een court
	Anu V Fils	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	