P1900000 3694

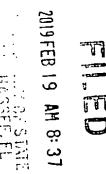
((Requestor's Name)
 -	(Address)
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C. GOLDEN FEB 2 3 2019

COVER LETTER

TO: Amendment Section Division of Corporations

BRIGHT LIGHT CREDENTIALS CORP NAME OF CORPORATION:					
DOCUMENT NUMBER: P19000003694					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Shanique Gayle				
		Name of Contact Person	1		
	Bright Light Credentials				
		Firm/ Company			
	1020 Indian Trace Cir. 303				
	Address				
	West Palm Beach, FL 33407				
		City/ State and Zip Cod			
gaylc	_shay@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
Shanique Gayle		at (412-9416		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 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)		
	ling Address	Street	Address		
	endment Section		ment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			Building xecutive Center Circle		
rana	anassee, FL 34314	7001 p	ACCURIVE CERROI CIFCIE		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

BRIGHT LIGHT CREDENTIALS CORP

2019 FEB 19 AM 8: 3

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P1900003694	Milliansee,
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent N/A	_
	strect address)
(Florida s New Registered Office Address: NA	strect address) , Florida (City) (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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>	Name	<u>Addres</u> s
1) Change	p	Shanique Gayle	1020 Indian Trace Cir. 303
x Add			West Palm Beach, FL 33407
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	

	-
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
V/A	
· // ·	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
02/13/2 Effective date <u>if applicable</u> :	019	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this datment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffic	ed by the shareholders. The number of votes east for the amendment(stient for approval.	()
	ved by the shareholders through voting groups. The following statement of voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
-,	(voting group)	
action was not required.	d by the board of directors without shareholder action and shareholde	г
action was not required.	d by the incorporators without shareholder action and shareholder	
02/13/18 Dated		
Signature		
selected, b	stor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other cour fiduciary by that fiduciary)	ι
Sh	anique Gayle	
	(Typed or printed name of person signing)	
Pro	esident	
	(Title of person signing)	