

(Requestor's Nar	ne)		
(.	Address)			
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(City/State/Zip/Pl	hone #)		
PICK-UP	WAI	Т	MAIL	
(Business Entity	Name)		
(Document Num	ber)		
Certified Copies	_ Certifi	icates of S	tatus	
Special Instructions to	Filing Officer:			

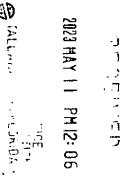
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2023 HAY III PHIZ: 30° SECTION ASSERTED TATE

5/11/23 V:LN



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OBER LYFE TRI	EATMENT INC		
	0000579			
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.		
Please return all correspondence co	ncerning this ma	tter to the following:		
JAMES CH	JAMES CHAUNCEY			
	Name of Contact Person			
SOBER LYI	SOBER LYFE TREATMENT INC			
	Firm/ Company			
10020 NOR	10020 NORTH 25 STREET			
	Address			
TAMPA. FL	TAMPA, FLORIDA 33612			
	City/ State and Zip Code			
CLINTONI	CLINTONJAMES.TAMPA@GMAIL.COM			
E-mail	address: (to be us	ed for future annual report	notification)	
For further information concerning	this matter, pleas	se call:		
JAMES CHAUNCEY		at (813	507-3337	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the following	ag amount made	payable to the Florida Depa	irtment of State:	
-	75 Filing Fee & leate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Articles of Amendment to Articles of Incorporation of

SOBER LYFE TREATMENT INC	1		
	tly filed with the Florida Dept. of Sta	ate)	—
P23000000579		_	
(Document Number	of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendment(s	i) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	abbreviation "Corp" ust contain the word	
B. Enter new principal office address, if applicable:	510 WEST 130TH AVENUE	S 202	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FLORIDA 33612	2 H	7
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10020 NORTH 25 STREET	SAN PART I]]
(Mailing duaress MAT BE A TOST OTTTEL BOX)	TAMPA FLORIDA 33612		•
	<u>. </u>		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of t	<u>he</u>	
Name of New Registered Agent			
tFlorida s	street address)		
New Registered Office Address:	, Flori	da(Zip Code)	
	(Citt)	(134)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	ot: r with and accept the obligations of th	e position.	
Thereo, accept the apparature as regarded and accept the apparature as		•	
Signature of New	Registered Agent, if changing	<u> </u>	

Check if applicable

 $[\]Box$ 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.

Example: X Change	<u>PT</u>	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	V	MICHAEL D WOS	13033 MCINTOSH LAKES LANE
Add			DOVER FLORIDA 33527
Remove			
2) X Change	P	JAMES G CHAUNCEY	1213 50TH STREET EAST
Add			BRADENTON FLORIDA 34208
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach add	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific) ICHAEL D WOS FROM PRESIDENT TO VICE PRESIDENT AND CHANGE JAMES CHAUNCEY FROM
VICE PRESI	DENT TO PRESIDENT.
CHANGE PR	INCIPAL ADDRESS FROM 11524 US 92 E SEFFNER, FL 33584 TO 510 WEST 130TH AVENUE TAMPA
FLORIDA 33	612
CHANGE M.	AILING ADDRESS FROM 11524 US 92 E SEFFNER, FL 33584 TO 10020 NORTH 25 STREET TAMPA
FLORIDA 33	612
ADD FEIN N	JUMBER 92-1596807
_	
provision	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself: or applicable, indicate N/A)
N/A	

,

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this language on the D	block does not meet the applicable statutory filing requepartment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for ifficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
5/10/2023 Dated		
Signature	\mathcal{M}	
(By a d selecte	irector, president or other officer – if directors or officer d, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	s have not been tee, or other court
	MICHAEL D WOS	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-06-2023

Employer Identification Number:

92-1596807

Form: SS-4

04/15/2024

Number of this notice: CP 575 A

SOBER LYFE TREATMENT INC 11524 US 92 E SEFFNER, FL 33584

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-1596807. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1120

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation,
an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation,
must be made within certain timeframes and the corporation must meet certain tests.

All of this information is included in the instructions for Form 2553, Election by
a Small Business Corporation.