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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023

Phone Fax Number : (850)205-8942 : (850)878-5368

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COR AMND/RESTATE/CORRECT OR O/D RESIGN WELLNESS & PREVENTION, INC.

Certificate of Status	0
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Help

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	••••	
	F12	000000658
	(Document nur	mber of corporation (if known)
i #follneon	• Decreation to	mber of corporation (if known)
- Address	& Prevention, Inc.	
	(Maine of carporation as a app	ears on the records of the Department of State)
2	Michigan	3_02/08/2012
	(Incorporated under laws of)	(Date authorized to do business in Florida)
		SECTION II
		ILY THE APPLICABLE CHANGES)
		ration, when was the change effected under the laws of
its jurisdi	iction of incorporation? 12/23/2014	
_{S.} Johnson 8	Johnson Health and Wellness Solutions, It	ıc.
(Name of	corporation after the amendment, addir- late abbreviation, if not contained in new	ng suffix "corporation," "company," or "incorporated," or
ահեստեւ	rate appreviation, it not contained in nev	vitalite of the corporation)
772		
business (11 new na	me is unavaliable in Piorida, enter alteri in Florida)	nate corporate name adopted for the purpose of transacting
6. If the amo	endment changes the period of duration,	indicate new period of duration.
		(New duration)
7. If the amo	endment changes the jurisdiction of inco	moration, indicate new jurisdiction
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•	New Jurisdiction)
8. Attached 90 days p having cu	is a certificate or document of similar in rior to delivery of the application to the stody of corporate records in the jurisdik	nport, evidencing the amendment, authenticated not more than Department of State, by the Secretary of State or other official ction under the laws of which it is incorporated.
) 	
(Sig	manie of a director, president or other officer - receiver or other court appointed fiduciary, by	if in the hands
0.,	Douglas K. Chia	Assistant Secretary
	(Typed or printed name of person signing)	(lille of person signing)



This is to Certify That

JOHNSON & JOHNSON HEALTH AND WELLNESS SOLUTIONS, INC.

was validly incorporated as a Michigan corporation on November 5, 1997.

I FURTHER CERTIFY that a Certificate of Amendment to the Articles of Incorporation was filed on December 23, 2014, amending Article I, changing the corporate name from WELLNESS & PREVENTION, INC. to JOHNSON & JOHNSON HEALTH AND WELLNESS SOLUTIONS, INC.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of March, 2015

Alan J. Schelke, Director

Corporations, Securities & Commercial Licensing Bureau